

HISTORY REPEATS

VOLUME XXVII

PALMER

1951

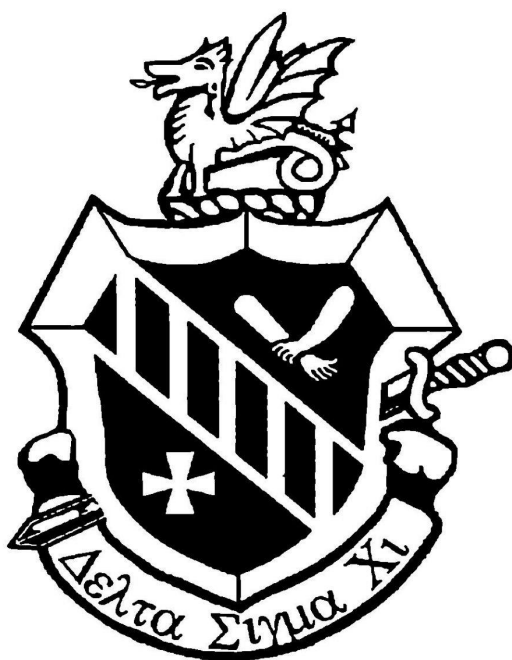
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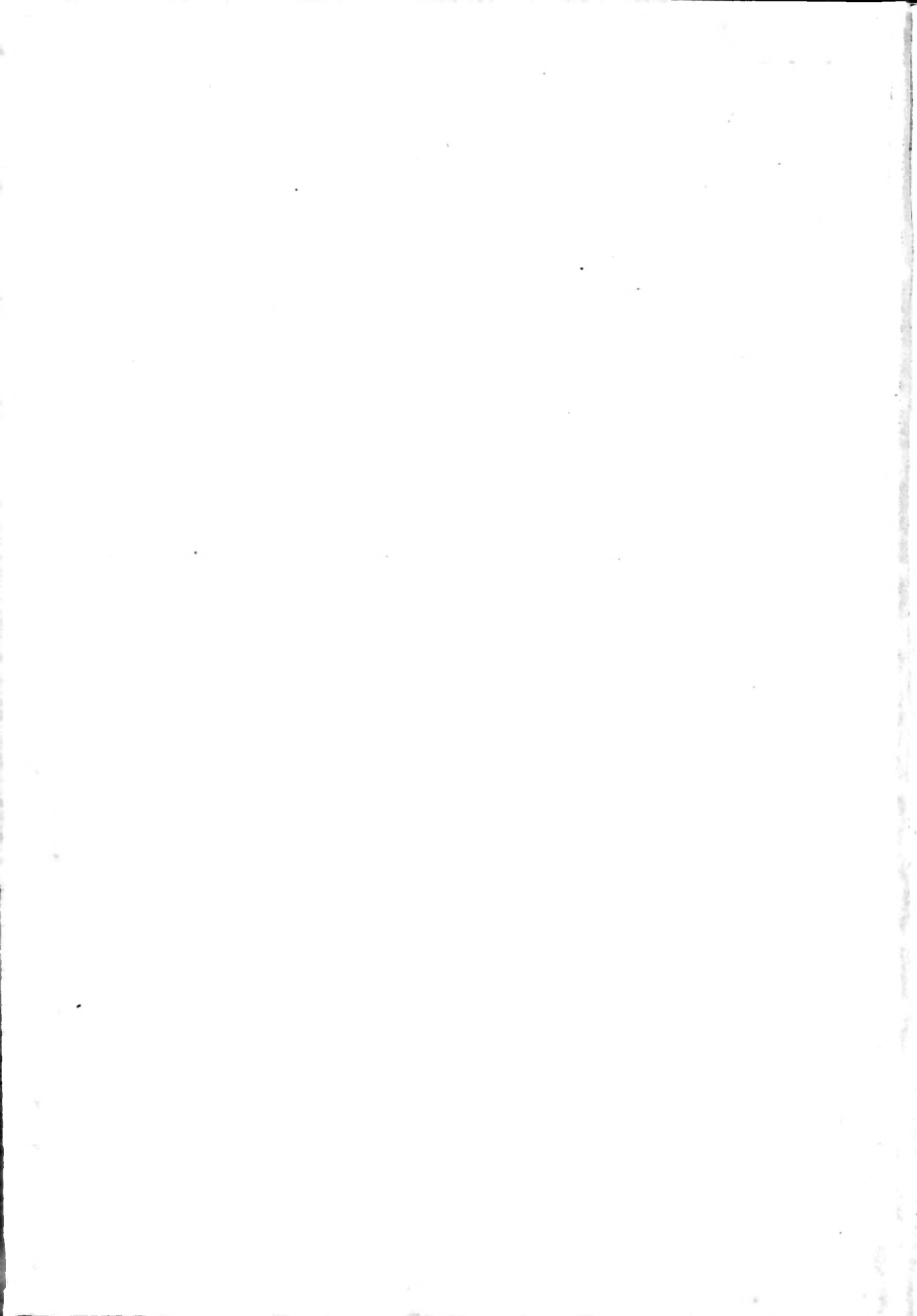
VOLUME XXVII

PALMER

1951

Archived and Distributed
By Delta Sigma Chi Fraternity of Chiropractic,
Continuing the promotion of STRAIGHT Chiropractic





Al Horner, DC

Amongst the few, are the many
" the many, is you

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May 1 '52







Photographic copy of original oil painting by Raymond, D. C., Boston, U. S. A.

B. J. PALMER, D. C., Ph. C.

Developer of Chiropractic

"B.J. OF DAVENPORT"*

**— philosopher, scientist, artist, builder — the bit of a mortal being
whom Innate Intelligence developed.**

***Oil Portrait by Raymond P. R. Neilson Studio., 131 East 66th Street, New York City**

HISTORY REPEATS

By

B. J. Palmer, D.C., Ph.C.

President, the Palmer School of Chiropractic

CHIROPRACTIC FOUNTAIN HEAD
DAVENPORT, IOWA, U. S. A.

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FOREWORD

At the beginning, we anticipate this subject, as presented, will be taken at face value and understood by some, even many of our profession. Many, in our opinion, possess preconceived ideas which need reconstruction.

We record our knowledge, gained through research, of the fundamentals upon which Chiropractic rests as promulgated by our father but never clearly explained by him. By careful reading of his writings, gleanings of these ideas are apparent.

To be consistent with the objective of this book, these are written with WE and US in mind. Ordinarily, "we" and "us" imply and are understood to be TWO different and separate persons. Ordinarily, "I" implies ONE fellow who lives in a material body and runs it. Whenever and wherever "I" is used, we refer to the educated fellow who thinks, speaks and writes for himself alone as one of the two fellows he is. He does so within the limitations of his education. This book, so far as the author is concerned, writes from the duality of personalities — the inseparable, indivisible, Siamese-twin personalities living in one structure — the Innate and Educated individualities.

WE serves several purposes:

1. It eliminates that disgusting and egotistical selfish pronoun "I" which constantly intrudes itself.
2. It permits the author to delineate his concept of the duality of personalities inhabiting one human home.
3. It broadly includes and spreads credit where credit is due, to any, every, and all people who have or are cooperating in building the structures, organizations, institutions, and associations which are an integral part of their lives.

It will be difficult for the reader, as he reads "we", to think "we", because he will constantly interpret it into ordinary channels of that of TWO different and separate people. To read this book and gain viewpoint of its author, reader must know "we" or HE will fail to gain the fundamental purpose of this book.

B. J. PALMER.

A WORD OF EXPLANATION

Following are reprinted articles from THE CHIROPRACTOR, from Volume I, No. 1, 1904, up thru the years. Also, more recent articles from Fountain Head News.

These are reproduced as they were printed then. They were written in the singular "I." To change them to the editorial "we" which format we used in our recent books, would mean to change their original form.

We mention this so our readers will understand the difference between "I" of older days and "we" of the modern day.

Bear this in mind when reading these stories.

CHAPTER 1

The Story Of

CHIROPRACTIC HISTORY

By D. D. Palmer

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 1, December, 1904 (47 years ago). Published by The Palmer School of Chiropractic.)

In 1886 I began healing as a business. Although I practiced under the name of magnetic, I did not slap or rub, as others. I questioned many M.D.'s as to the cause of disease. I desired to know why such a person had asthma, rheumatism, or other afflictions. I wished to know what difference there was in two persons that caused one to have certain symptoms called disease, which his neighbor living under same conditions did not have. Physicians answered me by saying that they would give such-and-such remedies. I did not want to know what they would give; I desired to learn what difference there was in the man of health, and the one who was diseased. I wanted to learn the cause of disease; why one was afflicted and the other was not.

In my practice of the first ten years under which I named magnetic, I treated nerves, followed and relieved them of inflammation. I made many good cures, as many are doing today under a similar method. My constant thoughts were that there was a difference in the person affected and the one not so. I was fully aware that I was treating effects. What was the cause of those ailments was what I desired to learn. I had progressed far enough to learn in what region was the cause of any described symptoms.

There must be a turning point. It was so with Chiropractic. But it took years to discover and develop that which I named Chiropractic, which means hand fixing. A Chiropractor is one who adjusts or repairs with his hands.

Ninety-five per cent of all deranged nerves are made by subluxations of vertebrae which pinch nerves in some one of the fifty-one joint articulations of the spinal column. Therefore, to relieve the pressure upon THESE nerves means to restore normal action — hence normal functions, perfect health.

The laws upon which this science is founded are as old as the vertebrata of the animal kingdom, but have been overlooked because of inherent superstition misdirecting the unlightened mind of investigators.

The cause of disease has been, and is yet, mysterious to the great mass of humanity. Chiropractic has solved the mystery. The old idea, that the cause of disease is outside of man, still prevails in most of the schools of healing, and the cure consists in finding something outside, which, by being introduced into the body of the sufferer, will drive the disease out. Therapeutic methods give remedies to treat the effects. The Chiropractic idea is that the cause of disease is in the person afflicted, and the cure consists in correcting the wrong that is producing it.

Chiropractic finds the cause in pinched nerves of the person ailing, and releases that pressure by adjusting some of the 52 articulations of the vertebral column. In doing this there is no rubbing, slapping, knife, drugs, artificial heat, electricity, magnetism, hypnotism, stretching, or mental treatment, in fact nothing but the adjustment of the displaced vertebra. This is not done with any surgical appliances nor any apparatus whatever, but simply by the use of the hands. The adjustment is almost instantaneous. The movements are unique and Chiropractic in every respect; no other system has anything similar. Chiropractic is the only system that exactly locates the cause of disease and cures by hand adjusting.

A large share of diseases are caused by nerves being impinged in the foramina, which are occluded by the displacement of the vertebra. These vertebra are replaced by the hands, using the processes as handles.

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 1, December, 1904 (47 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 2

The Story Of TAKE OFF THE BRAKE

By L. H. (*Uncle Howard*) Nutting

(THE CHIROPRACTOR, A Monthly Journal, Vol. 1, No. 2, January, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

Are you struggling on through life
With a burden hard to bear?
Are you weary of the strife
And almost in despair?
Hunt up the *cause* and shake it.
If it does not go just make it.
Take off the brake.

If your business is depressing,
And your friends all pass you by,
If you have to keep a-guessing
How to keep from being shy,
Hunt up the *cause* and shake it,
If it does not move just make it.
Take off the brake.

Don't give up the fight and worry,
Take the Chiro cure and win,
Be joyful and not sorry,
And a blessing to your kin.
Chiro *finds the cause* and shakes it.
If it does not go just make it.
Take off the brake.

Last Saturday, the writer saw an incident on Main street, Davenport, Iowa, which caused much ill humor, amusement, and some instruction to the crowd that witnessed it. Human nature, the quality of which depends upon education, was shown by each one presenting his peculiar idea of the situation and his suggestions.

Main street is paved with brick and is quite steep between Sixth and Eighth. A crowd of idle men had gathered on this

street to watch a stalled team. I, of course, joined them. The horses were once full of life and vigor, but now they are thin of flesh, showing want of care and lack of ambition. They were hitched to a *good wagon*, which contained a heavy load. They had gotten half way up the hill, but could go no farther. The driver did not know what course to pursue. Several of the bystanders were eager to assist him with their counsel. Their varied suggestions only served to confuse him. The reader will notice closely the advice given, for it will be made use of hereafter.

The first instruction was to apply the whip, which was used unsparingly. It excited and aroused what little energy they had left, but only worried them without any gain.

The next order given and acted upon was to back them down the hill so as to give them a new start. This was tried, with the result that they were not able to make as far up the grade as before.

A professional looking man then said, "Blindfold the horses, shake the wagon, throw something heavy on the pavement, make them believe that you have unloaded. If they think the wagon is empty, they will pull it up the hill easily." But try as hard as they might, they could not pull the load.

The next man to offer advice was a clerk from a nearby drug store. He thought that the axles and wheels were tired instead of the horses. A supply of oil was secured and applied to the axles and wheels plentifully, which seemed to make the wagon more inclined to slide down the hill.

Then there appeared in the front of the crowd a seemingly wise fellow. He looked as though he was a graduate from some college or a president of some hospital board. He argued the case as follows: "No team on earth can pull that load, there is too much wagon; make it as light as possible, take off the spring seat, take out the end gate and all the loose rods, saw out half the spokes for they are crowding each other, take off the tires, for they only serve to make extra weight; the fewer pieces you have in the wagon the more easily it will move." But fortunately, before the well dressed man's advice was put in force, there appeared a practical farmer who took in the situation at a glance. He spoke in a mild tone, but what he said carried force and was convincing. He said, "Let that wagon remain whole, not one piece of it can

be spared at this time when it is so loaded. Wipe off that surplus oil, throw the whip in the gutter, cease to blindfold the horses." When this was done, he calmly said to the driver, "NOW TAKE OFF THE BRAKE." It was released. The team made the top of the hill with the usual speed and ease. The farmer was heard to say, "That is easy to do when you know how." The crowd dispersed, being benefitted more or less by the experience.

This may seem to the reader a simple and ridiculous story; but let us see if there are not incidents in our daily life fully as ludicrous and absurd.

Please observe that woman with pale face, hollow cheeks and sunken eyes. A few years ago her cheeks were plump and full of color, her eyes sparkled with ambition. She is trying her best to climb the incline of life. She has her burden to carry as the most of women have, but that which used to be comparatively play is now a load that she cannot move. She is discouraged and disheartened. Physically and mentally she has not the strength to accomplish her usual labor, and yet she does not realize what is holding her back.

Under all circumstances human nature is very much alike. Human sympathy is manifested and advice freely given to the afflicted in much the same way as was manifested in the crowd referred to on Main Street. Strangers as well as acquaintances are ready, willing, and eager to advise this frail woman what to do. Some recommend stimulants of various kinds to whip the circulation and excite the already overworked woman.

A well meaning friend advises some kind of physic that will deplete her system, thinking it necessary for her to get away down in order to make permanent improvement.

Some advise narcotics for the purpose of deadening the sensibility of the physical; others suggest therapeutics or Christian Science for the purpose of making her believe that she has no disease. None of these really assist the invalid, for they do not release the brake.

Then there are those who will advise blistering, bleeding, or lubricating the body with liniments, just to be doing something, for what purpose they know not.

Sooner or later the wise men are called in. With ready hands and sharpened knives they desire to cut out any or all parts that they think can be spared, believing that the less organs that the blood has to support and pass through the purer it will be.

But thanks to the sensible farmer and the Chiropractor who realize that there is a *cause* for all human ailments, and dare to say in the presence of those standing by, who advise therapeutical remedies, "Take off the brake."

We think it strange that no one in the crowd at the wagon thought of taking off the brake. It looks equally strange to a Chiropractor that until nine years ago no one had discovered that in ninety-five per cent of all diseases that the brake is set on some one of the 300 articular joints of the body, compressing the nerves, thereby deranging their functions.

If, by any means, the articular surfaces of any of the joints of the skeletal frame, especially those of the vertebral column, become displaced by being wrenched, go to a Chiropractor who will take off the brake.

The Old School idea of disease is that it is an enemy that has to be fought, conquered, banished; while Chiropractic kindly says, "Take off the brake, remove the pressure," and the cure is made.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 1, No. 2, January, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 3

The Story Of

CHIROPRACTIC RAYS OF LIGHT

(THE CHIROPRACTOR, A Monthly Journal, Vol. 1, No. 7, June, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

"So Many Men, So Many Minds, So Many Opinions"

It is interesting and instructive to notice the various opinions of medical writers in regard to luxations of the vertebral column, and how near they were onto that which is now known as Chiropractic. Below are given extracts from standard anatomies and orthopedical books.

A Chiropractic luxation is where the articular surfaces of any of the 51 spinal joints have been partially displaced, and not usually accompanied with fracture. The replacing of these subluxated vertebrae is readily accomplished by a Chiropractor. When we refer to Chiropractic luxations of the spinal column, we speak of those which have been only partially displaced in the articular processes.

MEDICAL WRITERS AND THEIR OPINIONS

Medical writers usually refer to complete luxations of the vertebrae — they know of no other. Such rarely occur without fracture, and instant death the result. In this we fully agree.

Samuel Cooper

"Every kind of joint is not equally liable to dislocation. Experience proves, indeed, that in the greater part of the vertebral column, luxations are absolutely impossible, the pieces of bone being articulated by extensive, numerous surfaces, varying in their form and direction, and so tied together by many powerful, elastic means, that very little motion is allowed. Experience proves also that the strength of the articulations of the pelvic bones can scarcely be affected by enormous efforts, unless these bones be simultaneously fractured.

"The large surface with which these bones support each other; the number and thickness of their ligaments; the strength of their muscles; the little degree of motion which each vertebra naturally has; and the vertical direction of the articular processes make dislocations of the dorsal and lum-

bar vertebrae impossible, unless there be also a fracture of the above mentioned process. Of these cases I shall merely remark that they can only result from immense violence, that the symptoms would be an irregularity in the disposition of the spinous processes, retention of continence of the urine or faeces, paralysis, or other injury, to which the spinal marrow would be subjected. Similar symptoms may also arise, when the spinal marrow has merely undergone a violent concussion, without any fracture or dislocation whatever; and it is certain that most of the cases mentioned by authors as dislocations of the lumbar and dorsal vertebrae, have only been concussions of the spinal marrow, or fracture of such bones.

"The os occipitis and first cervical vertebra are so firmly connected by ligaments that there is no instance of their being luxated from an external cause, and were the accident to happen, it would immediately prove fatal by the unavoidable compression and injury of the spinal marrow."

Delpech

Delpech asserts, without qualification, that a careful examination of the form and situation of the bones of the spine must convince the observer that such accidents as displaced vertebrae cannot occur.

J. L. Petit

J. L. Petit tells of a child being instantly killed by being lifted by the head.

C. Bell

C. Bell, after relating a case, remarks, "Patients can hardly be expected to survive a mischief of this kind, when the transverse ligament is broken, and the process dentatus is thrown directly backward against the medulla oblongata, the effect must be instant death."

Dupuytren

Dupuytren expresses a caution in regard to spinal dislocations in the following language, "The REDUCTION OF THESE DISLOCATIONS IS VERY DANGEROUS, and we have often known an individual to perish from the compression or elongation of the spinal cord which always attends these attempts."

Howe

Howe voices the same warning when he says, "Death has occurred from attempts to effect reduction in cases of vertebral luxations."

A. Cooper

"In the spine, the motion between any two bones is so small that dislocation hardly ever occurs, except between first and second vertebrae, although the bones are often displaced by fracture."

Kirkland

"There are some luxations which are far worse injuries than fractures. Of this description are dislocations of the vertebrae, cases which, indeed, can hardly happen without fracture, and are almost always fatal."

Stimpson

"The possibility of the occurrence of PURE DISLOCATION of the lumbar vertebrae, which has been long in doubt because of the close interlocking of the processes and the strength of the ligaments, is proved by two cases collected by Blasius and also by two others, in which there was present associated, but unimportant, fracture of some of the processes."

This same author, speaking of dislocation of the atlas axis, says: "Dislocation forward or backward is possible only after fracture of the odontoid process or rupture of the transverse ligament, or by the slipping of the process beneath the ligament."

McClellan

McClellan, in his Regional Anatomy, Vol. 2, gives his opinion of vertebral dislocations in the following language: "Dislocation of the spinal column is especially grave. A simple dislocation of any of the vertebrae can happen only in the cervical region as the construction of the dorsal and lumbar vertebrae is such that a dislocation necessarily involves a fracture of some part of the bone."

Gerrish

Gerrish sums up this question by saying, "Simple dislocation between two vertebrae is, therefore, almost impossible, unless perhaps in the cervical region, where the surfaces of the articular processes are more nearly horizontal."

Lawrence

"The possibility of the occurrence of complete dislocations of the vertebrae without fracture, has long been a disputed point among many of the first surgical writers."

Gray

Under the head of surgical anatomy, Gray asserts: "The ligaments which unite the component parts of the vertebrae together are so strong, and these bones are so interlocked by the arrangement of their articulating processes, that dislocation is very uncommon and indeed, unless accompanied by fracture, rarely occurs, except in the upper part of the neck. Dislocation of the occiput from the atlas has only been recorded in one on two cases; but dislocation of the atlas from the axis, with rupture of the transverse ligament, is much more common; it is the mode in which death is produced in many cases of execution by hanging. In the lower part of the neck — that is, below the third cervical vertebra — dislocation unattended by fracture occasionally takes place."

Erichsen

"On looking at the arrangement of the articular surfaces of the vertebrae, the very limited motion of which they are susceptible, and the way in which they are closely knit together by strong ligaments and short powerful muscles, it is obvious that dislocation of these bones must be exceedingly rare. So seldom, indeed, do they occur, that their existence has been denied by many surgeons. Yet there are a sufficient number of instances on record to prove incontestably that these accidents may happen. Those cases that have been met with have usually been associated with partial fracture, but this complication is not necessary. In all, the displacement was incomplete, and, indeed a complete dislocation cannot occur.

"Dislocation of the atlas from the occipital bone has been described in two instances only.

"Dislocation of the axis from the atlas is of more frequent occurrence. It may happen with or without a fracture of the odontoid process.

"In the dorsal region dislocation of the spine, though excessively rare may occur. The last dorsal vertebra has been several times found dislocated from the first lumbar.

"Dislocation of any one of the five lower cervical vertebrae may occur. The third vertebra is that which is less frequently dislocated; the fifth that which is more commonly displaced. Treatment of these injuries is sufficiently simple. No attempt at reduction can of course be made."

My experience of ten years as a Chiropractor differs materially from that of Dr. Erichsen. I have found the third vertebra to be the most frequently displaced of any cervical. The atlas and fourth will come second in frequency. The seventh is rarely dislocated, owing to its being braced by the clavicle and the first pair of ribs. If Dr. Erichsen could see the ability displayed by a Chiropractor in replacing displaced cervical vertebrae; hear them

return to their proper position with an audible crack, he would no longer say, "No attempt at reduction can of course be made."

Walton

In a late New York Medical Journal, Walton asserts:

"Cervical dislocation occurs more frequently than is generally supposed, and the results of the injury are nearly always susceptible of speedy, safe, and complete amelioration.

"Three methods of treatment have been proposed: (1) Reduction by traction, with or without abduction and rotation. (2) Reduction by abduction and rotation, but without traction. (3) Reduction by dorso-lateral flexion combined, if necessary, with slight rotation. This last method, in the author's opinion, is the best. The employment of traction is a futile measure. Not infrequently reduction takes place spontaneously, during sleep, at other times it occurs accidentally during the relaxation produced by an anaesthetic. In seven cases observed by the author reduction took place as follows: two reductions occurred in sleep; three during etherization, and two were effected by operation."

Cervical dislocation—partial displacement—is much more common than is supposed by medical men. The replacing of such is safely and quickly done by the hands of a Chiropractor. Instead of using a machine to stretch the spine, moving the vertebra from or around its axis, we adjust by hand, using spinous processes as levers.

Howe

Howe gives an interesting case which we think worth quoting:

"In 1856 I was summoned to an Irishman who had fallen from a chamber window to the ground, head foremost. I found the patient with his head twisted to one side and rigidly held in that position. He uttered cries of distress, and called lustily for relief: 'a stitch in my neck, doctor, a stitch in my neck.' I took hold of his ears and endeavored to pull and twist his head into its natural position, but was unable to accomplish my object. By pressing my fingers into the soft structures of the neck, I could feel a bony displacement to exist between the third and fourth vertebrae, though I was unable to discover the exact nature or extent of the luxation. Perhaps another vertebra was implicated in the displacement. By help of assistants who laid hold of the patient's head and feet, we made powerful extension and counter-extension, together with some twisting motion, reduction, which was attended with an audible snap, was accomplished. The patient then moved his head and neck with ease and complained no more of sharp pain.

He suffered from great soreness in the neck for a week or more, yet recovered without physical defect or lasting functional impairment. I am quite sure no process of bone was broken and that the injury was a simple luxation, occurring between two or more of the cervical vertebrae."

Erichsen

"Dislocation of the articular processes of the cervical vertebrae occasionally occur. In these cases the patient, after a sudden movement or a fall on the head, feels much pain and stiffness in the neck, the head being fixed immovably, and turned to the opposite side to that on which the displacement has occurred. In these cases I have known reduction effected by the surgeon placing his knees against the patient's shoulders, drawing on the head, and then turning it into position, the return being affected with a distinct snap."

If the victim of the following mishap should read the above cases, he would feel like directing the Old School to the new method. The following is copied from The Davenport Republican of January 1, 1905:

"Frank Runge, who lives at 611 West Sixteenth Street, has enjoyed the unique distinction of having his neck dislocated and then fixed up again. One morning he did not arise from his slumbers as soon as his sister and aunt thought he ought to. So they went to his room, and each taking hold of a foot tried to pull him out of bed. He playfully resisted, and in the melee that followed, he managed to displace five bones in his neck. The bones being the atlas, axis, third, fourth, and fifth cervicals. The accident was a painful one. Runge's head was so turned that his face looked over his shoulder.

"The young man was carried from his room to a buggy and driven to the office of Dr. Palmer, who realized the trouble at once. After three adjustments he had the neck in as good working order as ever. The cure was as remarkable as the accident was peculiar. Runge feels all right, but has no desire to go through with the ordeal again. Next time his sister and aunt try to pull him out of bed, they can pull all they want to; he will not resist."

The above reduction was made with the hands, using the spinuous processes as handles. This unique method was discovered and developed by D. D. Palmer, who named it Chiropractic.

The New York Journal of Medicine

The New York Journal of Medicine for 1852 contains an account of dislocation of the dorsal vertebrae:

The New York Journal of Medicine

"The injury was produced by the fall of a door, the man being under it in a stooping posture. The lower extremities were immediately paralyzed. At the seat of the injury, which was at the junction of the lumbar and dorsal vertebrae, there was a marked appearance of displacement of the parts, which seemed to arise from a fracture and dislocation or a sliding of the body of one vertebra over another. The surgeon placed the patient on his front, and fastened a folded sheet under his arms and another above his hips: chloroform having been administered, extending and counter-extending forces were applied by means of the sheets, and the displaced vertebrae were reduced. In six or eight weeks the patient recovered the use of his limbs and normal evacuations took place. Ultimately, the recovery was complete, though a prominence remained at the seat of injury."

There are two features in the above case to which we desire to draw special attention. The marked displacement that was visible in the vertebrae, which the surgeons did not replace, as shown by the last line; also using the folded sheets, in the same manner, so freely paraded and described by Dr. Langworthy as the Frank Dvorsky method, is not new, nor confined to Bohemians. It is here classed as orthopedic surgery.

Pott

Pott states a case where no violence had been committed, or received; his first intimation was a sense of weakness in his backbone, accompanied with what he described as a dull kind of pain, attended with such a lassitude as rendered a small degree of exercise fatiguing; this was followed by an unusual sense of coldness in the thighs, not accounted for from the change of weather, and a palpable diminution of their sensibility. After a short time, his limbs were frequently convulsed by involuntary twitchings, particularly troublesome in the night; and soon after this, he not only became incapable of walking, but his power either of retaining or discharging his urine and faeces was considerably impaired.

He continues to say:

"In the adult I will not assert that external mischief is always and totally out of the question; but I will venture to affirm what is equal, as far as

regards the true nature of the case which is that altho accidents and violence may in some few instances be allowed to have contributed to its more immediate appearance, yet the part in which it shows itself must have been previously in a morbid state, and thereby predisposed for the production of it. I do not by this mean to say that a violent exertion cannot injure the spine, or produce a paralytic complaint: that would be to say more than I know; but I will venture to assert that no degree of violence whatever is capable of producing such an appearance as I am now speaking of, unless the bodies of the vertebrae were by previous distemper disposed to give way; and that there was no supposable dislocation, caused by mere violence done to the bones of the back, which bones were, before the receipt of the injury, in a sound state."

Dr. Ayers

Dr. Ayers reports in the New York Journal of Medicine a case of dislocation occurring between cervical vertebrae from some unknown cause, as the man was drunk at the time he received the injury. The neck was rigid and exhibited a peculiar deformity which could not attend any lesion except luxation of one or more of the cervical vertebrae. There was no paralysis; but intense pain attended the displacement. Great difficulty was experienced in attempts to drink or swallow food. The esophagus and larynx seemed to be pressed upon by the bulging forward of several of the cervical vertebrae. The back of the neck was rendered excessively concave and the integument was thrown into folds as it is when the head is forced back against the shoulders; the front of the neck presented a corresponding convexity. Between the spinous processes of the fifth and sixth cervical vertebrae, a marked depression could be felt, and this was the point at which the greatest distress was felt by the patient. Dr. Ayers, with several surgical assistants who concurred with him in the diagnosis, performed a successful reduction while the patient was under the influence of chloroform. Extension was applied to the head and counter-extension to the shoulders, and while the head was rotated and pressure made upon prominent points in the neck, the displaced bones returned to their former position, and the head and neck resumed their natural attitude and aspect.

What a time these surgeons had replacing vertebrae! Chiropractors never give chloroform. Dr. Ayers would hardly equal the discoverer of Chiropractic who often adjusts at the rate of one person a minute.

That "marked depression" was a separation of the spinous processes, causing a lordosis curve, pinching nerves in the foramina.

Samuel Cooper

"I believe no modern practitioner now ever advises supporting the spine with machinery, on the supposition of there being any dislocation; an error, which formerly prevailed.

"The cervical vertebrae, however, not having such extensive articular surfaces, and having more motion, are occasionally luxated. The dislocation of the head from the first vertebra, and the first vertebra from the second, particularly the last accident, is the most common; but luxations of the cervical vertebrae lower down, though very rare, are possible."

Beck

Beck evidently recognized displacements of vertebrae, for he says:

"The most important sign is the traumatic kyphosis produced by a displacement of the spinous process, whereby a prominence is caused. Sometimes more than one vertebra is concerned."

Dunglison

Dunglison's Dictionary allows Chiropractic sunbeams to shine on page 1039, under two heads:

"Spinal irritation, a supposed erethistic state of the spinal cord, indicated by tenderness on pressure over the spinous process of one or more vertebra, or over the nerves proceeding from the cord and distributed to the parts at the sides of the spine."

"Spinal localization, the designation of a particular part of the spinal cord as the center of certain physiological functions or of muscular movements or reflexes."

Brodie

Mr. Brodie's opinion, deduced from dissection:

"In many instances, caries of the spine has its origin in the bodies of the vertebrae themselves, which are liable to the same disease of the cancellus structure, which is noticed in the articulating extremities of other bones. In some cases, rest in a horizontal posture, below ground, I believe, must soon be the patient's doom."

Moore

Moore, speaking of torticollis, says:

"Many cases have their origin at birth; the muscles may be torn, bones may be broken or distorted, nerves may be injured."

Boyer

"Many examples have happened in which one of the inferior oblique or articular processes of a cervical vertebra has been dislocated, so as to cause a permanent inclination of the neck towards the side opposite to that of the displacement."

Howe

Howe makes mention of a similar case caused by cervical dislocation, and describes it thus:

"Some years ago I was called to a lady who had her head drawn forward. The contraction had wrenched at least three of the cervical vertebrae from their articulations, and greatly distorted two others."

We have observed many persons with a stiff neck, drawn to one side, upon arising in the morning, which they attribute to a draft or lying in a crooked position. These conditions being acute, and their cause slightly luxated articulate processes, usually right themselves.

Samuel Cooper

Samuel Cooper, with a physician's understanding, remarks:

"Spontaneous displacements of the atlas may depend upon caries and scrofulous disease of its articular surfaces, or upon an exostosis of its transverse process, or a similar tumor growing from a neighboring portion of the os occipitis or petrous portion of the temporal bone. By these causes, the anterior or posterior arch, or one of the sides of the atlas has been made to intercept a third, the half, and even two-thirds of the diameter of the foramen magnum. Notwithstanding the very remarkable constriction of the medulla spinalis thus occasioned, life may be carried on, and the nutritive functions performed sufficiently well to afford time enough either for the exostoses to attain a large size, or for the ankylosis, binding together the head and most of the cervical vertebrae, to acquire great solidity. The atlas is never found free and distinct, when thus displaced, but is confounded at least with the os occipitis, and mostly with five or six of the subjacent vertebrae. Another interesting fact is that in cases of this description, the joint between atlas and occiput is never the only one which is displaced and

deformed, unless the disease be very slightly advanced; for the articulation of the processus dentatus with the atlas, and sometimes that of the point of the same process with the occiput, are considerably affected. Sometimes the processus dentatus and the occiput retain their natural position with respect to each other, and the atlas alone seems to be displaced between them. Sometimes the second vertebra is out of its place with respect to the os occipitis in the same direction as the atlas, but in not so great a degree. Lastly in some other instances the two vertebrae are twisted in opposite directions, as for instance one to left, other to right; or vice versa."

In the above, Cooper states that displacements of atlas depend upon caries, scrofulous disease of its articular surfaces, exostoses, tumors, or an ankylosis. The facts are, as proved by the science of Chiropractic, that by the displacement of the atlas, nerves were impinged in the intervertebral grooves, above and below, thereby deranging their functions. Remember, diseased conditions are but effects of maladministration of nerves. Instead of some diseased conditions being the cause of others, the above abnormalities are all accounted for by the acts of nerves performed in an irregular manner.

A. T. Still

"A wrench of the spinal column has been given with force enough to slip the vertebral articulations and inhibit nerves. We should remember that slipped or twisted vertebrae must be sought out and adjusted."

A. P. Davis

A. P. Davis, D.O., when describing a cervical treatment, says:

"This movement should be done with caution so as not to dislocate the neck."

He also states in his valuable work on Osteopathy:

"It was long thought that the dislocation of a rib was responsible for all the mischief; or a dislocated hip, or a slipped vertebra had much to do in producing disease of all kinds; but the intelligent in the ranks of Osteopathy are ready to concede the cause to other sources, and now it is a pretty well settled fact that dislocation does not play such a role in the production of disease as formerly."

M. Roberts

M. Roberts makes a report of a carpenter who, when attempting to raise a heavy scaffolding pole, at a certain point being

unable to sustain it any longer, received its weight upon his back. The accident was immediately followed by complete paralysis below the point injured. Dissection showed that the fifth was separated from the sixth dorsal vertebra. There was no fracture of any process.

It is fitting to close this article by quoting from Bradford and Lovet. On page 45 is a cut showing reduction of displaced vertebrae by Calot. The patient is lying face downward on a bifid table. There are nine attendants, four of them each having a limb stretching the spine. Five surgeons are aproned, one of whom is operating with his bare hands on the back of the boy, while the rest are interested observers. This much I have read from the picture.

The worded explanation is:

"Forcible correction of the deformity, with or without anaesthesia, is a method revived in recent times by Chipault of Paris, although ordinarily identified with the name of Calot. Chipault operated first in September, 1893, reducing the deformity, wiring together the spinous processes on March 9, 1895. On December 22, 1896, Calot published a paper on the method, in which he said that his first operation dated back only a little over a year. The priority of forcible reduction belongs clearly to Chipault. Wiring the spinous processes of the vertebrae was, however, first advocated by an American, B. C. Hadra, in a paper read and discussed before the American Orthopedic Association at Washington, Sept. 24, 1891. The method has been largely advocated and finds a place in modern orthopedic treatment. It has been shown that this is not a proceeding attended with as great a risk to life, either near or remote, as would have been supposed."

D. D. Palmer

D. D. Palmer has placed this much disputed question under the light of the midday sun. He has developed a well defined science that has no resemblance whatever to any therapeutical method. In fact it is not therapeutical. The luxated vertebrae are replaced by hand adjustments, these unique movements being unlike those used by any other school.

The Chiropractor adjusts any one or all of the 300 articular joints of the human body, but more especially the 51 of the spinal column. They use the long bones as fulcrums and levers to replace their luxated joints. When adjusting the vertebrae, the processes are used.

The above quotations have been copied from books in our library. Their dates run from 1822 to 1900.

There is a wide difference in the opinions of the above writers on spinal luxation.

Is it not strange, considering the Langworthy-Bohemian-Naprait storm, there is not a Bohemian book, or some other, which refers to Bohemian spinal adjustment?

D. D. Palmer does not and never has claimed that he discovered that vertebrae may be displaced and replaced. To prove this he gives the above quotations. However, he is the first to draw the attention of the public to the difference between a complete luxation known to the medical world as such, and a subluxation known to the Chiropractor as a displacement of the articular processes.

He was the first to assert that any or all vertebrae were liable to be luxated, before or at birth, in youth and adult age. That vertebrae are often luxated before birth, and how such may be, has not yet been given out by any periodical. It was he who first expressed to the public every Chiropractic idea. It was he who developed and systematized the science which he has named Chiropractic.

He was the first person to adjust, replace vertebrae by the unique method known as Chiropractic, using the spinous and transverse processes as handles, placing this method before the public by his circulars and teachings. It was he who first made the statement that the human body was a nerve machine, run in all its parts by nerves; that all diseases were abnormal functions made so by deranged nerves.

He was the first to discover and affirm that the body is heated by nerves and not by blood. Among the witnesses were O. G. Smith and Minora C. Paxson.

He was the first to set forth that club-feet and other prenatal deformities were caused by intrauterine displacements of the vertebral column; that these may be corrected by adjusting some one or more of the 86 joints of the backbone.

He was the man who taught Langworthy, Smith, and Paxson how to adjust vertebrae by hand, using the processes as handles, for which he received from them \$1,500 in cash. They now desire

to steal this well earned credit, even if they have to turn it over to the Bohemians from whom they could have learned Chiropractic under the name of "Napravit" for nothing.

D. D. Palmer was the first man to discover that insanity was caused by displaced cervical vertebrae, that by replacing them the patient could be restored to normal condition. Dr. S. M. Langworthy has proof of this in the change wrought in his wife by two weeks' adjustments, for which he paid his friend D. D. Palmer \$15.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 1, No. 7, June, 1905 (46 years ago.) Published by The Palmer School of Chiropractic.)

CHAPTER 4

The Story Of THE PALMER FAMILY

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 9, August, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

The first of the Palmers was Sir Ralph le Palmer. Having distinguished himself in simple combat against the Saracens in the Holy Land, he received the knighthood on the battlefield by the surname.

Henceforth he bore the palm branch. It was, indeed, as a palmer that he had gone to Palestine. There was a distinction between palmer and pilgrim. The palmer was a devotee. He spent all his time in the Crusades or visiting holy shrines. A pilgrim returned to his usual life as soon as his particular expiatory journey was finished. The pilgrim laid aside his palm and cockle-shell; the palmer never discarded them. He also wore a black mantle, with St. Peter's keys wrought in red upon the shoulder.

The origin of the name must, therefore, always be consecrated with memories of high and holy purpose. The word "palmer" soon passed into literature. "My sceptre for a palmer's walking staff", says Shakespeare.

"WHERE DO THE PALMERS LODGE, I BESEECH YOU?"

Another quotation from the same source, "Where do the palmers lodge, I beseech you?" was considered an appropriate line to use upon the invitations sent to some four thousand Palmers for the first meeting of the family association. This was in 1879, 250 years after Walter Palmer, the pilgrim, came to New World, and the meeting place was the site of Walter's home in Stonington, Connecticut. Processions, orations, poems, songs, toasts, and feasting made up the program for the day. It was not a solemn occasion, one for weeping at the tomb of dead and gone ancestors, but quite the contrary. The late Courtlandt

Palmer of New York started the fun by referring to the tradition that "Our common ancestor, Walter, was nine feet tall, and lived to be 150. He came over with Christopher Columbus in Her Majesty's ship Mayflower, and landed on the top of Plymouth Church." Whether fact or fiction it was related of Walter that he, like others of his day, gave the Indians trash, gewgaws and beads for lands, in place of cash.

Walter's wife was Rebecca Short. She first appears upon the pages of the family history, clad in a simple, homespun gown, with shining braids of hair, flashing her beauty upon Walter's rugged face, "till words and smiles and blushes interblending, had then, as now, the same delicious ending" — a wedding. This is simply a quotation taken from the family history.

ULYSSES S. GRANT A PALMER

Ulysses S. Grant was a lineal descendent of Walter Palmer. Palmer blood flowed in the veins of four governors of states, one member of a cabinet, and jurists, doctors and ministers who have been famous in their time.

Walter was not the first of the name in the New World. The pioneer was William Palmer who came over in the Fortune, in 1621, the next ship after the Mayflower.

THE PALMER PATRIOTS

Of course, the Palmers had their patriots. Did not Joseph Palmer trample the Stamp Act underneath his feet — figuratively speaking, of course — and spurn old England's tax on tea? He was a member of the Provincial Congress of 1774. He started out in the war as colonel and ended as brigadier-general. Did not Deacon Stephen Palmer sign the association test, as it was called, binding himself, at the risk of life and fortune, to oppose the hostile measures of the British?

The family has its tales of romance. To mention only one, did not Ichobod, the fourth of Walter, and the tallest, strongest man in town, dash through the waves of Narragansett Bay on his trusty horse, and carry Betty Noyes away despite parental wrath and strategy?

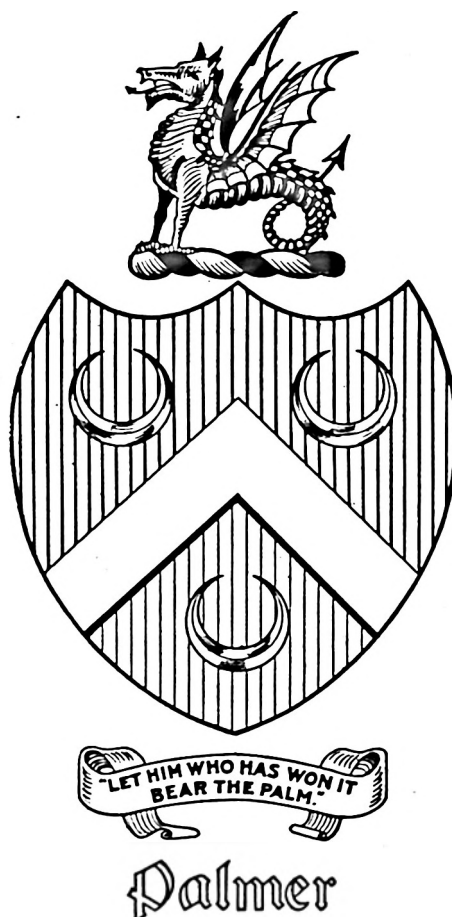
The Palmers of note are legion, but in a brief sketch it is only possible to mention three or four. Samuel Palmer was one of the few really great English etchers. John Palmer was the originator of the Guarded coach for carrying the mail; before this Great Britain suffered continual losses from highway robberies of mail coaches. One of the greatest bridge builders in the United States was Timothy Palmer who lived about the middle of the 18th century.

Representatives of the family in England are Sir Roundell Palmer and Dr. Edward Palmer, professor of Arabic at Cambridge, and one of the first Oriental scholars in the world.

REPRESENTATIVES IN AMERICA

Representatives in America are Daniel David Palmer, Discoverer and Developer of the Principle of Chiropractic. A man of great personality and individuality, he is one of the few great thinkers, has the determination to advance a line of thought, continue to develop it, independent enough to make it recognized as a science. Mrs. Potter Palmer of Chicago is a typical social leader of the new world. One of the first in wealth in Chicago. The Palmer House was so named after that branch of the family.

COAT OF ARMS



Forty-five coats of arms have been granted to the Palmer family at different times. The one reproduced was Geoffrey Palmer's. He was created baronet in 1760. The arms are sable, a chevron or between three crescents argent. It is to be noted that the crescents point upward. Crest, a wivern or dragon, or armed and sangued gules. Motto, "Palma virtuti". Another favorite motto is "Palmam qui meruit ferat" — "Let him who has won it bear the palm."

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 9, August, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 5

The Story Of A P.S.C. DINNER

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 11, October, 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

Following clipping appeared in The Democrat and Leader, October 19, 1905:

GAVE A DINNER TO THE STUDENTS

D. D. Palmer Has a Penchant for
Sauerkraut and Oysters.

Students Also Fell in Line with a Will
Grateful Patient Gives Voluntary Testimony.

Wednesday afternoon, Dr. D. D. Palmer entertained the students of The Palmer School of Chiropractic at a sauerkraut and oyster dinner at his home, 1518 Rock Island Street.

The occasion proved to be a very enjoyable one and assembled together as bright and intelligent a lot of students as can be found at any school.

Dr. Palmer has a penchant for sauerkraut and oysters. He believes it is a most healthful diet. In addition, the tables were laden down with an abundance of the delicacies of the season and sauerkraut and oysters proved but a small portion of the menu.

Grateful Patient Present

Present at the dinner in addition to Mr. and Mrs. Palmer and the score of students, was Mrs. Tillie Repine of Rock Island, a patient of Dr. Palmer.

That Mrs. Repine was overflowing with joy and happiness was plainly written upon her countenance and well she might feel this way, for she has been cured of an aggravated case of cancer of the breast by Dr. Palmer. Until two months ago, according to Mrs. Repine's own testimony, given voluntarily in the presence of students and a Democrat representative, she was a sufferer from cancer. She became despondent and wished herself dead.

In despair she finally concluded to give Dr. Palmer a trial and after two months' adjustments is now well and happy and never felt better in her life.

Mrs. Repine's appearance bears out her statement, in every particular, for she is robust, has a clear complexion, and is the very picture of health. Moreover, her happiness is a joy to behold, for one may see in the glance of her eye that she is not only overflowing with happiness but also with gratefulness to Dr. Palmer for the wonderful cure he has effected in her case.

(THE CHIROPRACTOR, a Monthly Journal, Vol. 1, No. 11, October 1905 (46 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 6

The Story Of LOYALTY

By Mary Deneen

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12,
December, 1910, (41 years ago). Published by The Palmer School
of Chiropractic.)

When I was called upon to speak this evening, I could have made many excuses, but did not for I realized what a privilege it was to each and every one of us. But really it seemed hard to decide on a subject, and as I sat here in clinic day after day, watching the sick and suffering, and listening to the different stories they had to tell me, some coming to bid me goodbye, with their eyes full of tears—not because they were sick, but tears of joy—because they had not words to express their happiness.

One lady said to me, "I certainly hate to leave this place. It's been a heaven to me, full of health and happiness, and you make me feel like this is one large family, full of filial love. I have not felt so good for fifteen years, as I have my short stay here." Then others coming in, sick and suffering, so that they could scarcely tell me their name, and with but little hope of ever getting any better, as their sentence had already been passed upon by the M.D's. And only a short time was given them to prepare for death. How could you expect them to believe it when our faculty would tell them they could soon throw their crutches away and go rejoicing? Each patient came for his adjustment, each day I could see a change—a wonderful change in the expression—and then he would tell me how well he had rested the night before and how improved he was in so many ways. After a few weeks passed that patient bid me goodbye with the same expression of gratitude, and went on his way to proclaim the glad news of Chiropractic, as did the first.

At such time I could not express my feelings. I wanted to do something for this grand science, but I could do so little; then a grand thought came to me: I could at least be loyal and do all in my power to help it along. Then I wondered if any of you ever

thot what that word "Loyalty" meant — and more to the Chiropractor than to anyone else in the world — so I took Loyalty for my subject.

It is a word that is greatly abused in the business world. The fine old word "Loyalty" — like Charity — is made to cover a multitude of sins. In Bible or business personal Loyalty to one's employer is one of the ten commandments. To be loyal is set down as the prime test of common decency. The man who fails in loyalty is a business leper and only he who is loyal, and at personal sacrifice, can hope to climb the golden stairs which lead to the heaven of unlimited income. All of this contains more or less truth depending entirely upon the definition. On one side stands the greedy employer, determined to get the most possible work out of his employee for the least possible expense. On the other side stands the lazy employee determined to get the most possible money out of his employer for the least expenditure of energy. Between the two, any talk of Loyalty is ridiculous.

Loyalty is a virtue to be cultivated for its own sake; is altogether admirable. We should cultivate Loyalty in our school and be a little more appreciative, for few of us realize what a privilege we have, to be able to be at the Fountain Head where we get pure, unadulterated Chiropractic teaching, with Dr. Palmer at the helm. When you get dissatisfied, go off to yourself; think things over; ask yourself some questions. Are you doing your best? Can you do more than you are doing? Have you done everything you ought to?

The art of making good consists not only of being satisfied with what you have got, but also being dissatisfied with the way you have taken advantage of your opportunities. As the old saying goes, "You can lead a horse to water but you can't make him drink;" you can lead a fool to school but you can't make him think.

Our faculty can teach year in and year out. But if we don't try to learn and gain knowledge in the science and our instructors, we need never expect to know anything about the Science of Chiropractic. And no one is to blame but ourselves. So get busy, be a booster, throw away that little hammer, study the science and know it. Keep Smiling and you will profit by it.

The Chiropractor owes the first debt to Loyalty to himself. Next, to the developer of the philosophy and art of the greatest science the world has ever known. It has been said great deeds produce great men, and it can be easily understood that Dr. Palmer is the "Man of the Hour" and through the unceasing efforts of that one man, assisted by his energetic little wife, backed by the fire of genius, truth, and principle of this great and grand science, has been and is being developed, and he is a good example of Truth and Loyalty.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12, December, 1910, (41 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 7

The Story Of

WHAT HAPPENED IN 1910 — FORTY
YEARS AGO

By Miss Ruth Hay

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12, December, 1910 (41 years ago). Published by The Palmer School of Chiropractic.)

Mr. Chairman, Ladies and Gentlemen: A little more than thirteen years ago, my mother and myself came back to the home of my childhood, a place about seventy-five miles from here, to visit. Among my mother's old friends who came to see us there was David Shirril, who had just before been to Davenport to see Dr. Palmer. This Dr. Palmer, Mr. Shirril told us, was a man with a new idea in regard to the cause of disease, the theory that all disease was caused by pressure upon the spinal nerves in their passage out from the spine.

The idea appealed to me from the first. My father had always excited considerable adverse comment by holding that man is essentially an immaterial being, and that the material form we call ourselves is but the instrument of the real man, superinduced, that the man may perform uses in the material world.

So you see what an easy step it was from this idea to Chiropractic to me. In fact it was only a SPECIFIC APPLICATION of the same idea.

So a few months later, my mother and I came to Davenport, arriving very early in the morning, after an all night's journey, and were driven to the corner of Second and Brady Streets, now the Bee Hive building. Taking the elevator for fourth floor, we were met very cordially by Dr. D. D. Palmer, who supplied us with a room and directed us where to procure our meals, and soon we had become a part of a large and very pleasant household. This entire fourth floor was occupied by Dr. D. D. Palmer as living rooms and offices, for his patients from out of town. Each door had a panel of opaque glass and across it in large

black letters were the words, "Dr. Palmer." Each window also had the same black lettering. This little peculiarity has a history.

There were at that time quite a number of people in the house. Of them all I have never seen but one for many years; that, of course, is our "Dr. Palmer." Of him I saw little at that time, but at a later visit I became better acquainted. But most of these people it would be impossible for me to forget. There was Mr. Snow, the cancer patient, spending his last days on earth doing kindness to anyone in need of a helping hand. There was ambiguous little Mrs. Bets, whose college course which she had undertaken with her husband at Mt. Vernon had to be passed here at a sanitarium instead. She had a shy little daughter of three years who was very lonely while her mother was so busy with her school work, but too shy to make friends with most of the strangers around her. But she made an exception in my case and, much to my delight, clung to me almost constantly. Then there was dear, sweet Miss French in her wheel chair and on her crutches, whose childhood had been spent in India. She would wheel her chair around to the piano and sing for us. She sang that sweet hymn, "I Shall See Him Face to Face." The first time I ever heard it she told me the touching story of its blind authoress, Fannie Crosby. Then there was Mrs. Hayes from Oskaloosa, Iowa, so thankful because her eye and probably her life had been saved. And Mrs. Fayette, of Fayette, Iowa, who had been an invalid eleven years and at this time gained her health. One of her troubles was cancer.

Dr. D. D. Palmer was a man much shorter than Dr. B. J. Palmer, wearing even longer hair and beard, and like our doctor, very fond of a joke. He informed us that "the post office just then was doing a rushing business and by going promptly we could get thirteen postage stamps for a cent and a quarter." We often saw him rush up to a person and tell them that he could change the color of the stripes on the oval agate watch charm he wore. Just at that moment something would always interrupt him and he would rush away saying, "I'll show you in a minute." He always rushed and when one wanted to see him he would be directed from room to room where he had last been seen. We called him a flee, because he was so hard to catch. Soon he would come rushing back and say, "See? It's blue now." Next time he would turn it red, then perhaps green.

The halls and at least one large room were filled with tanks of the most beautiful gold fish of various varieties. This reminds me of another joke. Back in a dark part of the house was an ever-closed door. Not locked, I guessed, but it did not need to be. No patient ever went near it. In that room we often heard much pounding, hammering, and sawing. If anyone became curious and mentioned it to the doctor, he would say, "Oh! did you hear that? Well, people say that is where my son and I make coffins for all the people who come here." Then nothing could induce him to tell any more. A joke explained is no longer a joke, but I must say that when we saw the shipments of gold fish go out with their carefully crated glass globes, we felt that the mystery was explained.

THE POLICY OF DR. D. D. PALMER, AS SOME OF YOU HAVE HEARD DR. PALMER STATE, WAS TO KEEP EVERYTHING ABOUT CHIROPRACTIC IN AN ATMOSPHERE OF DARKNESS AND MYSTERY. RIGHT HERE IS STRONGLY MARKED ONE OF THE MANY WIDE DIFFERENCES IN THAT DAY AND THIS. HOW GREAT ONLY THOSE WHO HAVE SEEN BOTH CAN KNOW THEM. INFOLDED IN MYSTERY AND DARKNESS IN EVERY PARTICULAR, AND NOW, SO FAR AS I HAVE LEARNED, THERE IS NOT ONE DARK OR HIDDEN CORNER ABOUT THE WHOLE CHIROPRACTIC INSTITUTION. DO YOU KNOW WHAT THIS CHANGE MUST HAVE COST OUR LEADER? IT MEANS BREAKING DOWN THE WALLS OF ENVIRONMENT, LAYING A NEW FOUNDATION AGAINST ADVICE AND PRECONCEIVED IDEAS, STEPPING OUT OF THE DARKNESS INTO THE UNCONFINING LIGHT AND OPENNESS. HOW MANY OF US ARE CAPABLE OF FOLLOWING OUR LEADER AND HOW MANY OF THE CAPABLE ONES ARE WILLING TO FOLLOW?

AT A TIME A LITTLE LATER THAN THIS I OFTEN HEARD THAT DR. PALMER SAID NO PERSON HAD EVER SEEN HIM GIVE AN ADJUSTMENT, OR EVER WOULD SEE HIM GIVE ONE. HOW DIFFERENT NOW WHEN THE DOCTOR MUST URGE US TO LET NO STRANGER LEAVE THE CLINIC UNTIL WE HAVE TOLD HIM ALL WE CAN ABOUT CHIROPRACTIC.

THIS RULE OF ABSOLUTE SECRECY WAS NOT ENFORCED IN MY OWN CASE; LARGELY, I SUPPOSE, BECAUSE WHEN I TOOK MY OWN DEAR INVALID MOTHER INTO THE ADJUSTING ROOM I ABSOLUTELY REFUSED TO LEAVE. SO AFTER THIS WHEN I COULD BE OF ANY ASSISTANCE TO THE DOCTOR HE ALLOWED ME TO BE PRESENT.

The adjustment of that day was quite different from the present. We called them "treatments" then. There were two adjustment rooms, and in each was a long, low, hard bench covered with oil cloth and very scantily padded. At that time I do not remember that anything else was used. But at my visit less than three years later there were cushions and pads used beneath the body of the patient. One I remember in particular was a large strong bag filled with gunshot.

I gained the idea at that time, and still think I am right, that the adjustment was given, not with the pisiform bone as a point of contact, but with the thick part of the thumb-side of the palm. This was to form a broad cushion to prevent any slipping of the hand injuring the patient. *The ideas of the various patients as to what the doctor really did to their backs, out of their sight, were amusing.* Some were sure he used his knees. Some said he used his foot. Some declared he thrust his thumb deep into their back.

Of course, I know that all I saw were given with some portion of the palm of the hand. Still I have never been ready to say that all these various opinions were wrong. *For, of course, nothing in Chiropractic was in a settled state at that time.*

About three years later, I again visited Second and Brady Streets, at that time the only place in the world where Chiropractic adjustments were given. The doctor greeted me in his characteristic way, and in a few minutes came rushing back to me to ask if I was still missed, and before long was again telling me of the wonderful bargains down at the post office. At this time I saw more of the young son, our Doctor B.J., as he was then around school and pursuing the very useful, if not very remunerative occupation of clerk in the basement of the St. Onge store where the Bee Hive now is.

I wish I might give you a little insight into the boyhood of Dr. B. J. Palmer, as I saw it at that time. But I feel that this is a matter too intimately personal to him for me to speak plainly as I must if I speak at all. But I am sure that if I were to do so there is not one here who would not have a deeper sympathy and broader regard for the leader in Chiropractic of today. I never realized his utter loneliness until one day he came in bringing a little stray dog he had found in the streets and humbled himself to beg of one he knew to be his enemy, the privilege of keeping the wretched little dog as his own. I saw in this act the real need of the intimate affection which comes to most people without the asking. I may add that he did not get the privilege he sought. He was at that time very unjustly being kept out of his rightful place by his father's side in the advancement of Chiropractic.

At that time he said a few words to me upon this subject which I shall never forget. So nearly as I can repeat them, they were: "CHIROPRACTIC HAS A FUTURE AS A POWER IN THE WORLD, AND I AM GOING TO MAKE IT A POWER IN THE WORLD. I AM ONLY A BOY NOW AND I MUST BIDE MY TIME. CHIROPRACTIC IS MY INHERITANCE AND WHEN MY TIME COMES I SHALL HAVE IT."

He came into his inheritance, as we know, and we have evidence today what use he has made of it. He has not hidden his ten talents but hath gained other ten talents with them.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12, December, 1910 (41 years ago). Published by The Palmer School of Chiropractic.)

CHAPTER 8

The Story Of EXTEMPORANEOUS AND COMPLIMENTARY ADDRESS DELIVERED AT THE PSC, MARCH 7, 1910 — FORTY-ONE YEARS AGO

By George W. Scott, Mayor of Davenport

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 3, March, 1910 (41 years ago). Published by The Palmer School of Chiropractic.)

Ladies and Gentlemen:

I am bewildered and surprised. I usually can talk any place where I land on my feet, but I acknowledge this afternoon that I am overwhelmed with surprise. I have never had the honor and the pleasure of visiting this institution before, and I did not know anything of the magnitude of it, nor did I realize that there was such a large student body here attending upon this institution, nor did I know hardly anything of the features of this clinic. Although I knew something of the good work that was being done here and the growth that this institution had made in the past four years, yet I had never given the matter more than passing thought until this afternoon.

A few days ago I had my attention drawn to it when I saw the future plans of this institution in regard to erecting an eight-story building on this hill. I said to Dr. Brown, here, whom I have known for several years, that I was going to come up some day and see this institution and he gave me an invitation to come whenever I felt like it, and this afternoon my friend Jake Nabstedt said, "Come up with me to the clinic this afternoon." I hesitated for a minute about making this move at this time, for, as you know, I am in politics, and it behooves a man to be very careful what he says (laughter), and I thought I had better postpone it; but I am privileged and I am pleased, as the executive head of the city, to see this institution flourish and grow.

I have heard of a great many good things that have been done here and while I have not been in touch with the institution to any great extent I have extended many favors to the student body in the last two or three years, and I am gratified to be here this afternoon and to lend a word of encouragement to you who have come to our city to learn the science to which you are devoting your time, and I want to congratulate the president of this institution upon the fine body of students I see before me this afternoon and upon the unprecedented success this institution has made since he has taken charge of it. I understand, of course, that he will expect some criticism from some of the old school. In fact, you would naturally expect that.

Whenever there has been an invention in this country that ran contrary to some old idea, there was opposition to it. I remember as a boy on the farm that when the first self-binder came into our community there was a great furore that it would throw all the men out of employment and that the men would have to leave the community and go some place else for work, and one morning there was a rumor that went through the community, as by an electric flash, that over in the woods there had been some men and boys that had taken a machine apart and had hung some of it in the tops of trees and some of it was never found, as a rebuke to a man who had bought a modern machine to do his farming with; and yet today, nearly forty years since that event, you go out into any farming community and you will find every farmer harvesting his grain with a self-binding machine, and the truth is that you cannot find enough men upon the farms to do the ordinary labor.

I appreciate the fact that in starting a new school dealing with the human body, such as the founder of this institution is doing, that he, perhaps, has heard the words of criticism and sometimes they, to him, have seemed very bitter, but after a while, after that course of criticism is gone and things get back into the normal condition again, so far as public talk is concerned, then the public generally come around with a point of recognizing that there has been an advancement in that particular field of work. So I say, today in this institution it has probably passed through the same experience as the simple fact that I have just rehearsed to you.

As executive head of this city, I am proud of another thing in seeing this institution flourish. I love my city. I think we have the best city in the State of Iowa, and not excelled by any in the United States. This is the home of a happy and prosperous people, and anything that will cause it to grow, make it a better place to live in, encourage it to expand, building and growth of schools in any field of endeavor, is a good thing for this city, and I am proud to say that among the institutions of this city that have grown and become a recognized factor of the city is this dear old school here this afternoon, and as a citizen and a mayor of the city I am proud of the fact.

I don't know as I could say anything to the student body this afternoon that would interest you. I am not going to touch upon anything local, for I realize you are most of you from abroad. While this institution is prospering and flourishing or in the hey-day now of its youth and is about to expand and go into a new building where it can accommodate a larger body of students, I am sure that every tax payer will welcome it when he learns of the prospects of this institution and its intentions for the future. The people of this city are particularly hospitable to strangers. They are proud of their city. There are no people in any municipality anywhere in this Union that are prouder of their home city than the people of Davenport. They love to see it develop and grow and expand.

I am not going to say anything more, because if I started talking it might be like the other day when I went up to a colored church and I never saw so many widows and widowers. When a man arrives at a certain stage of life in years he finds it his duty to hitch on to her wagon and drive down the lane of life with her, and I told those colored people that, and I talked so long trying to drive this point home that it was ten o'clock and you could smell the viands from the table in the next room; and I said, "The next audience I get to I will keep track of my watch and let somebody else talk."

When you walk through the many departments of this institution and see the amount of capital that is invested in the things that you use in your study, you must be, as I have been on a short visit this afternoon, absolutely convinced of the good that this institution can do you. I trust that you students are true

to your professors. I can look back upon those old college professors whom I thought severe when I was in school as the most valued friends I have had in life. Be true and faithful to your teachers in this institution, and if things don't go as fast as you think they should, remember education is not gotten and received in a day. It takes time to receive an education. The very fundamental roots of that word education do not mean that the mind is a receptacle and you can cram things in and absorb them in after years. You have got to put hours in on recitations and study, and if you have any severe thoughts about your teachers, kindly lay them away and after you have been out in the field ten or fifteen years you will look back and say they were the best friends you had in your life.

I wish you success in your school days here and that when you go away from this institution carrying a diploma that you may carry with you to your new home pleasant recollections of your stay in Davenport, pleasant recollections of the institution that has helped you to learn your profession, and that you will look back at your stay in Davenport as a happy and pleasant stay.

I thank you for taking up your time and I offer an apology for appearing on the rostrum. I want to congratulate you students upon the zeal you show here to your institution.

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CHAPTER 9

The Story Of

B.J.'s REMINISCENCES

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12,
December, 1910, (41 years ago.) Published by The Palmer School
of Chiropractic.)

I've put in some weeks in a motor and feasted my eye upon scenes; I've been a bag-checker, grip-toter, and squandered in travel my means; I've been a conspicuous bumner and gone on some kind of a trip, because it's the fashion each summer to give solid comfort the slip; I've traveled over geysers and fountains and everything there was to see; I've slid over canons and mountains until I was sore as I could be; I've rained a whole deluge of quarters till all my substance is spent on waiters and pursers and porters who dogged me wherever I went; I've folded my legs up in sleepers and lived for three months in a trunk, and joined the grand army of weepers who cry over ruins and junk; I've croaked like the storied Poe raven o'er persons, cabs, guides, and hotel; I've gone for a week all unshaven and worn unclean linens as well; I've stood in the hot sun and sweltered; I've battled mosquito and flea; I've stood on some ship's deck unsheltered and raved like a loon at the sea. And first when the sight of Home blessed me, I quite forgot about Rome, but I'll tell you one thing that impressed me — how blessed it is to be Home!

I've gone quite four days without eating because there was so much to see; I've heard every kind of a greeting — French, German, Dutch, Dago, Chineese; I've been pasted all over with labels to show the world where I've been; I've raved over doorways and gables, brass candlesticks, junk and old tin; I've walked till my feet were all blunted in doing some sightseeing spurt, and then I have hunted and hunted my luggage all thru for a shirt; I've been checked, inspected, and branded, been ticketed, punched, marked and weighed; I've been shipped and cargoed and landed, held up, shaken down, and o.k'd; I've read all the timetables printed; I know all the currents and charts; I know

how all tickets are tinted and when every ship and train starts. And I now tell you with some sadness that, after the dust and the foam, there's one place you'll find peace and gladness, one place in the world — and that's Home!

I've bought enough fathoms of tickets to sound all the depths of the sea; I've been pushed thru turnstile and wicket, more ever than I thought could be; I've jostled and crowded and clamored for schedules, boats, trains, cabs and cars; I've pushed and I've thrust and I've hammered, been punched, knocked about and seen stars; I've been just a poor, weary sinner, all worn out in body and brain, who grabbed up a sandwich for dinner and rushed out to catch a new train; I've been stepped upon and run over in rushing for this car or that by some more demoniac rover, and gone for the count to the mat; I've been up the busses and towers with all the sightseeing rubes; I've roamed thru old ruins for hours and shot thru the underground tubes. And when the last spasm is ended, when all of the tickets are punched; when every last coupon is rendered and every last sandwich is munched, I've come home all worn out and weary, all blistered and covered with grime, and cried with untruthfulness cheery: "Oh my, but we had a good time!"

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 12, December, 1910, (41 years ago.) Published by The Palmer School of Chiropractic.)

CHAPTER 10

The Story Of SYMBOLS OF CHIROPRACTIC

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 4, April, 1910 (41 years ago.) Published by The Palmer School of Chiropractic.)

In this issue of THE CHIROPRACTOR, we present two views, each symbolizing a foundation corner-stone of Chiropractic.

"EVOLUTION" shows a Universal matter surrounded by Universal Intelligence, which is divisible into a Philosophy (WHY?), Science (HOW?), and Art (DOING). The nearer to matter, the more condensed is intelligence into a form where we recognize its presence. We can comprehend art more than we can the reason why. Standing upon this Universal gathering is an Axis, symbolical of the turning to right or left so as to face all directions. Resting upon this axis is a heroic figure of LIFE, individualized by B. J. Palmer in the hands of the artist. An Atlas, in the hands of this Chiropractor, is being so balanced or adjusted that it will cause the 100 per cent of Universal Mind or Intelligence, thus restoring harmony to the man as well as the world. This is symbolical of the fundamental principle of WHAT CHIROPRACTIC IS.

"PROGRESS" shows WHAT CHIROPRACTIC CAN DO, is doing, and will continue to do so long as there is anything of that character to do. The heroic figure of Life (just coming over the horizon of the globe—personified also by the artist as B. J. Palmer) represents Health, Strength, Stability—PROGRESS. The brightness of the Chiropractic sun is behind this figure. Here again we have the dominant thot of Universal Matter and Mind together. Chiropractic (Life) in all its Strength and Progress raises his Left Hand and commands "DEATH" to leave the suffering, sick, ailing, weak, despondent, and dependent woman. With his right hand he has broken the shackles of serfdom to dis-ease, reaches forth to assist the down-trodden to arise. This emaciated figure is slowly and gradually being raised from the slough of despondency and eventually will stand on a par with her deliverer.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 4, April, 1910 (41 years ago.) Published by The Palmer School of Chiropractic.)





CHAPTER 11

The Story Of "CYCLES"

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 8, August, 1910 (41 years ago.) Published by The Palmer School of Chiropractic.)

It is not customary or proper for any lecturer to start by making excuses — and we seldom do. While speaking, we had a feeling which seldom gets the best of us, and that briefly is: How many of you appreciate what it means to be in school work; what we are giving up of the world's goods to continue this work? No one can appreciate last ten years of our life so much as those who have been closest to it; to be dogged night and day as if a demon were driving you desperately to a certain issue; to live the life of a slave, physically and mentally — our life is not our own. It has been devoted to a grander cause, and yet we wonder why we should continue to live the life we do.

We would not have spoken of this at this time if it were not for one accusation tonight which cut deeply. Our life is that of an altruist in thots, words, and actions. We are a believer and a teacher in humanitarian interests, yet on top of demonstrations in years past — in spite of spirit shown, we are accused tonight of doing all this FOR MONETARY REASONS.

Nothing will so much dull our attempts, stifle and discourage our progress, as to accuse us of being a "money god." To accuse us of living for money is to crush our very attempts to do more.

In the life of every one is the desire for gain, the selfishness of every beast, and it is hard enough to down that by lone efforts, without accusations of others, especially when you know you have lived otherwise.

Encourage the altruist — God knows there are few enough truthful ones. Advise and assist the humanitarian, for there are few enough who, in the depths of their minds, think more of their brother than themselves.

We can only answer that by saying that there is not one year of our life now, but that, should it be devoted to patient-getting alone, we could easily lay by not less than \$100,000. We know

we possess certain faculties not possessed by everyone, and we realize we are now directing those to a school end, yet were they directed to the end for money, we could easily lay by the amount stated.

We take a student in at this school, work with him for hours every day — good, hard, solid working hours, into which we put forth every bit of ingenuity we possess to give him something new in a changeable form and broader viewpoint. We do this for twelve solid months, for \$100. This equals a trifle over 4 cents per hour. On reverse, we can take one patient, give him an adjustment which takes but a minute, and charge him \$25 for one week's service — six minutes. We have refused hundreds, at that figure, for our private attention.

Today our personal services are available only in Open Clinic, for \$1.00 per week — no more. This is a privilege accorded to rich and poor alike. That is altruism. We want poor man to get best, same as rich man, and we want all to get it in same place in same manner. Money never made us think more of one man's pains than another's. We are now delivering health to more than 250 patients daily in our clinic, and they are all getting it at that price. When they get well, does it do us good? Watch the smiles on our face and read what we think! Frankly speaking, many a meal goes by when we don't get enough to eat — not that we do not have it, but we love the work so much that we save on one end to add to another.

We like to keep our brain and mind active so that we can study ideas, work them out, elucidate them. All of this we can do best when our stomach is empty — therefore we do not eat much. when we desire to study, and that is nearly all the time. That is neither here nor there, but we need the few paltry dollars to a better end; yet we are accused of being a "money god" — working for money. We put in weeks, months, and years, night and day, laboring to deduce something by which the world will be the benefactor. It is true that this age of the world does not imprison, flog, whip, and starve its discoverers, but it is also true that the tongues of its enemies are not silent, and even sometimes its apparent friends are its most bitter accusers and trouble brewers. We speak of this more to show that there are more monetary possibilities in other lines should we wish them, but our actions speak for themselves.

We will continue as we have been doing, thereby showing you our determination towards helping the world has not been altered; but sometimes this unappreciative form and way of doing things does not assist but often dampens ardor of a sincere worker; and only by process of growth can he overcome the effects thus made.

We are not in best of trim to start "Cycles", but will do the best we can.

Everywhere in history of the world there has been a problem; an enigma has existed in theology, psychology, physics, metaphysics, physiology, and that problem has been the stumbling block of the world. It is the stupefier Darwin and Heckel met when trying to evolve the theories of man. So far as we know, it has always been the world's greatest question.

Most all that theology has said is good. Works of physiology represent time and labor—all to no end. We say "to no end" because there has not been any practical conclusion to any of the theories advanced.

In history of the world, there are hundreds of religions—many interpretations of one thing. Look over vast number of conditions being studied and, after all, there are but two—matter and force. Man but studies different quantities of one compared with different quantities of other as they are found together, as they are in his philosophy.

We are primarily interested in quantities of matter and force that compose man, various kinds of men, and why. Man is what we deal with mostly, but we wonder how many of your Chiropractors have tried to apply philosophy to things outside of man. How many are able to apply even slightest intelligence to man, without looking outside? We advise you at this time to forget there ever was anything outside of man, until you have solved man first. Get yourself set straight, and then you will be able to see past, present, and future of other things. Without a knowledge of yourself, you cannot understand other units.

Does medical or other therapeutical knowledge classify your force and matter and tell where each starts from, goes to, or how it goes and why? If they do not consider intelligent force, and

that is what you have, then how can you expect to study force plus the matter? You know well that matter is studied from morn till night, but is it studied in relation with force that goes with it?

There is but ONE force, ONE intelligence whom we all respect, and in common parlance God is Its name; yet when pinned down to an actual reality, the word God is but a name coined to express a feeling of admiration, respect, awe, belief, or thankfulness in something unseen, unheard, and unrealized. You know that something of that character does exist because it is everywhere observable and not observable, seen and unseen, heard and not heard, all present and never present. It is immaterially seen because the material things it works with are seen to change. It is heard because the things from which it makes itself heard are visible. It is present because your mental faculties say it is; yet you could not prove its presence thru science or art — only thru things it materializes.

In all studies, it is necessary to lay a foundation, and we know of no better, in the beginning, than to assume that for every atom of matter there had to be an atom of force to move it. ATOM OF MATTER are proper words to use together. "Atom of force" is a wrong combination. Atom applies only to materialities; yet we use it in this sense as an expressive word of equal balancing quantities, quantity of one being same as quantity of other. It would take one atom of force one second of time to move one atom of matter one degree of height; yet this thot expresses nothing because it is getting to a minute pin-point difference. But build up the reality when there are MANY units of matter and many units of force working together, and you have an amoeba taking definite form, specific shape, and approximately performing a definite work.

Take a definite quantity of materials with an equal quantity of force, move them in a certain space of time, in a precise degree or distance of height or length, and you have an animal. Given a large quantity of matter and a larger quantity of force, and a greater plasticity with greater freedom of movement, greater processes of adaptability, and you have MEN. Sciences do not consider forces in lesser quantities than noticed in electricity today. We met a contingency for which there were no ex-

pressive terms and we coined a word which would carry our idea of one force unit to show that it took one unit of force to act upon one tissue cell, and we called that a "forun" coined from the first three letters of "force" and first two of "unit."

Man is but a compilation and a convolution of foruns moving thru matter. We hesitate to say that the animal is equal to us, yet work and education have taken us to a point where we can look any animal in the face and call him brother or sister. We can see in a cow same things that make us. We can see nothing in a horse that is not in us. Animal kingdom is mirror thru which man sees superior man. You will think we are quite far-fetched, yet there is only one thing in which he differs—we have what is called an educated mind. Present day education leads man to a larger education and smaller Innate. Chiropractic adjustments of present and future will return man to his full Innate self.

If we have in both brains one million brain cells, then horse or cow has same number. But you say, "We accomplish things which no animal can—why?" Simple enough. By process of segregation and separation, we have been able to divide a portion of the one million cells into an "educated brain", utilizing a part of Innate brain to a more or less exclusive purpose, separate and apart from that of Innate brain, and we claim that by strengthening one phase of our makeup and weakening another, we are greater than animals.

By comparison, tho, there is no Innate function that exists in your body but what exists in animals in a stronger, more dominant degree. By process of discrimination or separation, you have accomplished nothing; for while you gain in one you lose in another, balance being equal so far as a total is concerned, yet unequal in not being complete halves.

Illustration: One man may weigh 200 pounds, yet he may have 150 pounds on one side and 50 on other; whereas, to be normal, it should be equal. What you add to one side of your mental ledger you lose on other. Environment is mother of adaptability. Educated brain is Innate mind's loss. That is why today, "instinctively", animal exists greater than we.

In our finiteness, we cannot talk without words; yet animals, in their infinite "instinctiveness" are talking great distances

without communication in words or by guttural sound. What appears to be, in your educated minds, a gain over the animal, is no sum total addition so much as individualization of segregated parts. Consequently, we can, in all deference, look at cow and say, "Good morning, sister."

We have but touched upon possibilities of greatest movement the world is going to know. We are going to evolutionize and revolutionize more than one phase of mental aspect of man towards the world and of more than one phase of place and position of animals. Fundamental over which lies Chiropractic is so great in its scope that such a time will come. It is not here now, and it may be that man, in his finiteness, may try to forestall coming of what will be. Time will come when you will grasp the fact that a horse has as much soul or spirit and as much feeling of pain and misery as man; and, in duty bound, you will adjust vertebrae of horse, cow, and dog. It will be your duty to reestablish cycles regardless of in what or where you may find them not normal. It should be more your duty to adjust animals, for man can speak thots in words, and animal has not yet been able to speak to man except by look and action. Some day we may be able to adjust animals, but we are inclined to think animals will teach us a better method of adjustment than we know today. Watch tired horse at night, when turned loose in the pasture. He will turn over and over; rolling is his way of adjusting vertebra. Sick dog will do same. Animals could teach us much if we would but listen and observe. Chiropractic is as old as the quadrupeds. Its present application is unquestionably new. How soon you help accomplish the above in world of good feeling depends upon how soon you grasp greatness of a simple thot; how soon it takes root and grows until it becomes an end towards which you will labor.

Man is peculiar — a combination of intelligences. In starting points we universally acknowledge a God, and beneath is an Innate Intelligence. We say "beneath" yet don't wish to imply that, altho as we view the world we are forced to admit there is one intelligence over all others. There is one Universal Intelligence so great in its common law that it can cause trees to grow in Mexico and Canada, Africa and Asia, and cause animals to expand in every country on the globe, so everywhere present that it can make man in every country, be he savage or so-called

intelligent. As we study, we know that could we place one tree in a desert, that tree could grow ALONE if it were watered. We do know that tree has a unital intelligence, and for want of better term we say it is Innate Intelligence, implying that it is and is not a part of the entire. Here is segregation without separation; individualization without division.

Viewing animal as an example, we can say it is a unital intelligence; viewing man as he is, he must be called dual intelligence. It would be proper, in man's present stage, to say that we start upon the premise that "man with a unital intelligence is subdivided into an educated and Innate mind." We know that it is divided only so far as we prove it upon living bodies. As a given example, we do know that functions of stomach are controlled, not by what you think, educationally, but by what something else thinks in, behind, and over which you have no control. If we asked you to ask your stomach "to churn your food faster", would that effort upon your part, alone, make stomach churn faster? This shows that your stomach is controlled by something other than YOUR mind, so we are forced to conclude that man has two minds by two different kinds of products which are performed thru man.

Innate mind, thru Innate brain, controls functions of stomach. Were you asked to raise right arm, then you could not use that mind but another one which you can think with, educationally. For instance, your educated mind, thru your educated brain, would cause hand to contract or to raise. A primary cycle upon which all things are based, is the establishment of the fact that that condition of immateriality which makes material move, goes from one mind to a definite place in body, coming back from that end to mind and continuing a continuous circuit — a continuity of current in a continuity of matter.

When food enters the live stomach an impression follows the efferent nerve to the "thinker brain". Thinker brain transmits or carries power over to "doer brain". Doer brain says, "This power must get down to and act upon this food. We must cause stomach to churn." Power is given thot; "power of thot"; intelligence; function; reason; passing down and reaching tissues where function is performed. Immediately following, another impression is given; it is carried back to thinker brain and process of interpretation that "function was performed" is repeated.

When you can carry in your mind that there is a continuous stream of cycles running hundreds of thousands every minute of every tissue cell; every viscus, even to the various sections of intercommunication between lobes of your brains — then you have some picture in your mind of multitudes of cycles. When you realize that Innate mind carries this burden without your assistance, that you are asked to think of it merely as a momentary gratification of how she does her work, that it is not necessary for you to think about what she does other than you like to; understand what keeps you alive; then you can observe what it means to be an Innate mind. A simile would be that you can ride on a passenger ship without knowing whether it is electric, gasoline, or naphtha. It is not necessary that you see the engine, watch it work and inquire what works it, to ride safely from port to port. You can stay in your stateroom perfectly content in your ignorance, well knowing that all is well so long as the master pilot has charge. So it is with your body. As I have said, there has always been a problem existing in every study up to this time, and that has been a logical and practical physiological and theological problem to connect and prove that God is a reality in man. That problem has been to get the educated mind to comprehend the Innate mind, and every study, to date, has been to prove to the contrary. Studies of today take a man from his Innate mind, not towards it. Anything superstitious or so based cannot be made practical in its reasonings.

Simple cycle, efferently, is composed of three primary phases: creation, transmission, and expression; and coming from outer to inner, impression, conduction, and interpretation. In brain cell takes place creation of every function and, by force of logic, that creation or created mental force must get from brain cell to tissue cell, and we know of no way other than thru a nerve — transmission. When current gets to tissue it is called expression. What is this something expressed? Word expression implies something to be expressed. What was to be expressed (at tissue cell) other than creation made (at brain cell)? If 100 per cent of a thot is made — in brain cell — then 100 per cent **MUST BE** expressed at tissue cell. If everything be normal, whatever takes place at tissue cell should be an exact duplicate of what was made at brain cell. Granting that expression has been performed, simultaneous with expression of any current, outside or

inside of our bodies, an impression is made, and that imprint is conducted by an afferent fibre to a brain cell which receives and interprets it according to what it is. You "see" eight words and a diagram. You do not "see" until your eye has received an impression, which is carried to a brain cell, until the mind, the mental faculties, Innate Intelligence, or Educated Intelligence has placed it thru a process of development just as your photographer places a negative thru a process of development.

We want to impress unity of that, conformity of correctness that exists between both ends of cycle. One end must be exactly as other. Let us build up a more complicated form — the normal complete cycle. You have a Universal Intelligence which is the premise of every philosophy, science, and art, a universal basis — Innate Intelligence, the mental faculties in and behind your body where creation takes place. From that brain cell issues the product — mental impulse. Propulsion — propelling something to some place. The tissue cell receives and as soon as that takes place we have physical personification, meaning that in the brain cell something mentally was formed, and when power was received by that brain cell it mixes it with that, same as you intermingle energy into your dough when you prepare bread. You are compounding that with power and the two go thru an efferent nerve together, and when expressed this is physical personification of a mental ideation — a qualification of coordination. We prefer word "coordination" in preference to "health", because when "coordination" exists the tissue cell is in harmony with Innate — two working as one. What is formed at one end is expressed exactly in two ends. No difference exists except that at one it is made and at second it is expressed. Here it is given and here received. Before your dinner was eaten there was a function prepared in behind for its digestion. Before you go to sleep tonight your Innate mind is at work realizing the work of the morrow.

Having reached tissue cell, and having seen processes from inside to outside, let us see following, going from outside inward. Coordination is taking place in tissue cell; as a result we have a coordinate vibration. When that vibration is formed and has been accepted by tissue cell, it is an impression. It is then ready to be transmitted by an afferent nerve, eventually reaching brain cell which receives it — reception. Mental faculties act upon and

place it thru an interpretation. Thus blue, green, brown or purple color; a sight is good or bad; music is pleasant or unpleasant. Classification or discrimination is sensation. You say, commonly, "I sense with my tongue, eyes, or ears." You do not and cannot. You do not sense until your mental faculties have interpreted vibration received at afferent end of every fibre. Your and my life, idealistically and philosophically speaking, are but one ideation, and that is what we live. Then you get back to state which makes ideation possible, your Innate and Universal Intelligences.

Cycles are a consideration of progressive intellectual and physical processes thru which life is performed. A normal cycle is same at any point you wish to start. Cow is alive because of that simple cycle basis. That is keeping us alive. That is what grew animals and vegetables. They are all growing because of existence of same fundamental cycles. Where will you find a supposition, a logical conclusion of basis of all things quite so clear and simple?

Paralysis is supposedly an incurable disease. We shall take that as a type of incoordination to be amplified and make a complete out of a broken circuit. Only difference between cycles is that cycle is there, is not there, or is partially there. Synthetically and hypothetically assume 100 per cent of creation takes place in brain cell; 100 per cent of transmission takes place to a point where there is pressure. That pressure cuts off 50 per cent of transmission. Then tissue cell receives only 50 per cent; 50 per cent impression; 50 per cent conductivity; 50 per cent interpretation. Cycle is abnormal because continuity, per quantity and space of time, is not there; consequently cycles are not normal — they are abnormal. So much as pressure cut off transmission of quantity for a given space of time, you have broken your continuity of quantity of cycles. It is abnormal quantity of cycles you deal with in every disease.

It is that simple cycle which is at root of all evil, regardless of whether it be in mind of criminally insane, idiot, perpetrator of crime against common law, which we recognize. When we can adjust subluxation which is interfering with freedom of cycles in bodies of these individuals, we have a broad mission to fulfill. Could anything be greater, broader, or more humane?

This abnormal cycle goes thru every progressive stage that it makes in a normal complete cycle. We have brain cell, transformation of energy, mental impulse of unlimited quantity.

Storehouse from which we derive power is unlimited. There is NO END to it. Then there is propulsion of impulses along efferent nerve, transmission of those mental impulses from brain to arm. A blow in back results in a concussion of forces awkwardly applied and centered at arm place, direction being toward left, force striking from right. Subluxation is left superior. Interference to transmission is consequence. NOW we have a limited quantity of impulses. Difference between normal and abnormal cycles, for same given space of time, is quantity. It has decreased perhaps 40 per cent for same space of time. Look at tissue cells of arm. They are willing to receive, but there is lack of personification, of idealization; an absence of ability on part of tissue cells to do what brain cell desired them to do.

We do not use "incoordination" in same sense as medical parlance. We assume to put an original interpretation. Dunglison and Gould give "Lack of harmony existing in contraction of opposing systems of muscles in any one or more portions of body." Incoordination is between Innate Intelligence on one side and material or tissue cell on other.

In that interference with cycles is foundation of all abnormal functions. No one can dispute that statement; no physician can prove it untrue; no vivisectionist can maintain it does not hold out in fact. Basis is a truism.

We might argue for hours as to what made paralysis, but we are to talk sense. Let us see if paralysis is made by interfering with continuous stream of cycles running hundreds of thousands every moment over this circuit of tissue cells. If that is true, reverse order, study "nature" and do as "nature" does, and this individual will be well.

We started with Universal Intelligence, taking same efferent half that was coming from inside to outside; consequently, if we want function on outside we must go to inside for it. Unital Intelligence or Innate is our starting place; then mental creation of brain cell; transformation of energy; mental impulse; propulsion of contractive impulses along efferent nerve; then transmission of contractive impulses from brain to arm; then comes

adjustment, then Innate contraction of recoil — and how great that is. How important that is in our work, how much we depend upon it. We could not adjust a subluxation in a dead man, we must have an Innate Intelligence to assist us. Then we have the restoration of mental impulses going to right arm. Cycles were limited, but now in unlimited quantities again.

Do you call this adjustment stimulation or inhibition? Those are most unscientific words to apply here. An obstruction was once there but not now; our adjustment removed that. Restoration is the basis. Impulses are received by tissue cells of arm. With that normal, we have coordinated cellular personification; harmonious cellular activity in expression between Innate Intelligence and arm, a condition termed "health" by physician. We have proven practical cycle, for it is the thing we deal with when adjusting subluxations. When we adjust we reestablish vertebra to its normal position and restore cycles to coordination.

We have taken you thru normal, practical, normal complete, abnormal, and practical cycle in their application, but these do not tell conditions we get in cycle problems between brains. Man has two brains — Innate and Educated. We propose to lay fundamental upon which you, as a scientist, can elucidate any mental enigma that is placed before any audience, either public or private. Puzzles in this instance are same as in normal brain to tissue cell cycles with stream of cycles going from normal brain cell of Innate brain to normal tissue educated brain cells. Respectively placed are thinker and doer cells of Innate and thinker and doer cells of educated brains. Each tissue cell of educated brain receives, sends, and goes thru every process that any tissue cell in any portion of body does.

Suppose we have a subluxation at atlas — it can produce a cancer of stomach, bunion on toe, insanity, or constipation. What we mean is, working upon a basis. Any atlas subluxation that would interfere with currents going to educated brain would interfere with transmission of function from THAT brain cell to tissue cell of body, and these cannot receive function because brain cells are not normal. We told you this would open up some of the psychic problems — and it will. A subluxation cutting off currents would interfere with whatever that educated brain might make; consequently, educated brain would not think right.

Physically and externally, you act according to educated brain thots. We desire to raise right arm, but can't. We get an atlas adjustment and are as active as anybody. It would be possible to carry this work into phases of senses which, in itself, would be sufficient for an entire lecture.

There is a continuous circuit or circle. You start towards creation, and creation starts over again. There is a continuous circle. Turn to electricity, and there is a continuous current, and that current is composed of units. Somewhere a unit is started; that is followed by a unit behind, just as one link after another makes a chain; same as one wagon after another makes a string of wagons; one street car after another makes a continuous circuit of street cars. That is our idea of cycles. It is where we interfere with CONTINUITY of these units of circuits that makes a broken cycle, and that broken cycle is disease, regardless of quantity, time, or kind, providing gap is more or less chronic. As a consequence, there are four prominent phases which should be studied separately: 1. Adaptation that takes place between two lobes of brain — thinker and doer brains. 2. Change taking place in transmission between brain cell and tissue cell. 3. Change taking place as tissue cell receives impression, expresses it in function, and creates impression. 4. Change between tissue cell and brain cell, again.

We also have a philosophical cycle, beginning with tissue cell and going toward Innate Intelligence. This tissue cell expresses function of intelligent force. Impression — creation of vibration following expression. Afferent nerves convey vibration from tissue cell to brain cell. Transmission conducts impression from periphery to center. Brain cell receives vibration and later on expels it to its motor lobe. Reception of vibration or impression by brain cell. Mental interprets character and quantity of vibration of energy. Interpretation — knowledge gained after impression has been resolved into component relative values. Sensation — result of interpretation of vibration. Ideation — connection of this interpretation with others from different localities, to assume one general opinion, to produce unital harmonious action in many places at once; for instance, two arms coincide in action as do legs. Innate mental — residence of knowledge of vibrations and where force is utilized to produce thots. Innate Intelligence — unlimited storehouse of this intellectual power.

Tissue cell, impression, afferent fibre, transmission, brain cell of a characteristic character. Then come reception, Innate mental, interpretation, sensation, ideation, transmission, and brain cell — the doer. Doer brain cell, impulse, efferent fibre, secretion normal, propulsion, transmission, subluxation, lack or excess of transmission, pigment cells, lack or excess of expression or function. Thus you see what it means to restore a function, not by external "restoratives" but from inside by Innate's resources, in, thru, and by restoring cycles to normal.

Greatest problem in minds of greatest number of people is relationship of sexes. Many do not know proper relationship of husband and wife, do not understand laws of intercourse — mental and physical. When speaking of intercourse, many understand physical unity of physical bodies and that is all; they never have applied question of cycles. Few comprehend what it means to complete a cycle of forces thru physical organs; that intercourse is more than combining of matter with matter thru which intercourse could be a strengthening feature. It is generally considered as a losing rather than a gaining consideration; but go with us thru common phases of cycles and apply them to sexes. Male, alone, could not make a sexual cycle. There could be cycles within himself but that would not be a sexual cycle because male could not have carried duties of both male and female. What value is intercourse unless there is some gain on part of each?

We start power at male brain doer cell which goes to a tissue cell in sexual organ, which at time of intercourse comes in relationship with receiving tissue cell of female, which tissue cell receives an impression. That impression is carried to receiving or thinking brain cell of female and interpreted, and doer brain cell sends power to female sexual tissue cell, is received, and from there sent to thinker brain cell on part of male, and cycle is complete.

A dynamo is composed of miles of wire wrapped and coiled in a little space. By causing a conductor to revolve thru greater distance it increases its voltage. In that connection we can briefly say that currents properly established between male and female induce greater currents, greater possibilities of cycles, and gain is result.

Take broken sexual cycle — broken on part of male because he has a subluxation. Subluxation cuts off transmission of forces going to tissue cells. As a result of that subluxation interfering with normal function he may be sterile or impotent. Circuit between male and female is an open one. Trolley is off the line. This cycle does not necessarily need to be confined to male; it can also be in female. Any form of impotency in male or female can be analyzed as being a broken cycle of transmission of currents. You say, "There is no secretion, excess of excretion, no mucous. These in turn are based upon simplicity of this idea of the cycle.

Each person is but half a sexual cycle. Each sexual tissue cell is doing two duties. It was within itself a normal complete cycle, i.e., tissue cell here completes a current back thru its own body as one circuit. This is what might be called its inner duty so far as its nutrition, motion, etc., but so far as outer duties are concerned it is but a half, and will never complete its function until it comes in contact with other. Male is negative or positive, and so is female. One must be a receiver and a giver. In sexual act, male gives a spermatozoon and female receives; but male may be a receiver and female the giver in transmission of currents. We could take you serially thru all abnormal cycles, but the only difference between abnormal cycle and normal cycle is that inner duty of one is broken in its circuit and not in other.

Possibilities of application of cycles are almost endless because they involve fundamental upon which all things occur, upon which all motion takes place, basis upon which we are intellectually adapting ourselves today.

Cycle refutes possibility of treatment of disease. Granting point that something has occurred wherein cycles are abnormal, as in given case of paralysis, it appeals to a man's intelligence when you can talk cycles and show him that current was cut off. "What good does it do, Mr. Jones, for a man to inject poisons into your system? Does it reestablish your cycles? Can't you see the only thing that will get you power is to adjust subluxation?" Since you have educationally shown him what you were doing and what you propose doing, Mr. Jones is your friend.

We know of no end to application of cycles. We have worked it out in trees. It works out even in five combined educated senses.

In this cycle we have abstract plus concrete. We have taken them in this form to show what we mean by "abstract" and "concrete." Concrete is material and abstract is immaterial, and we want to show how, in consideration, there must be the two together. We start with Universal Intelligence, and that is abstract. Mental is abstract. Brain cell is concrete. Transmission is with abstract THRU concrete. Then comes mental impulse — abstract. Concussion of forces is abstract and concrete opposing each other. Then comes subluxation, which is concrete. Tissue cell is concrete. Excess or lack of personification — lack of abstract. For instance, we have an excessive personification in given amount of concrete, or we have an excess or lack of expression, or an excess or lack of function on same basis. Incoordination between Innate Intelligence and tissue cell is incoordination between abstract and concrete. Take tissue cell which is abnormally concrete. Then we get equivalent vibration. If there is 20 per cent of function in tissue cell, there will be "an equivalent vibration" of 90 per cent; 90 per cent impression and consequently 90 per cent interpretation.

That tissue cell is receiving only 50 per cent of impulse because of a subluxation cutting off 50 per cent, and there is only 50 per cent impression, 50 per cent efferent force, and 50 per cent of interpretation. 50 per cent interpretation is what we call pain. So far this tissue cell is not getting 100 per cent of function as our basis, standard, or given fixed quantity; then you can understand how it is that at any place in a human body where vertebrae are not in normal position. Wherever there is a subluxation there is bound to be pain. It may be slight — so slight that, educationally, you do not know it, but Innately you do. It may be slight and hardly perceptible, but it is there. Any time we adjust a subluxation we interfere with the 50 per cent current that is there, create impressions which, when reaching Innate mind are interpreted as pain. Pain, then, is positive which goes with negative conditions. It is as impossible to have pain in an organ where there is no subluxation as to say that white is black or that we can have nighttime during daytime.

We took this illustration upon ground of neutrality of negative and positive; negative and positive being equal and no difference in quantity. This is, given 100 per cent of positive working thru

100 per cent negative, or 100 per cent of force working thru 100 per cent of tissue, that tissue and force would be neutral because amount of one would equal amount of work delivered.

Abnormal complete cycle. Universal Intelligence is 100 per cent. Innate Intelligence is 100 per cent. Creation is neutral. Brain cell is 100 per cent of negative and 100 per cent of matter. Transformation is neutral again because change is taking place by 100 per cent of matter with 100 per cent of force. We get mental impulse and that is purely neutral again. Then we have propulsion. Propulsion cannot take place thru nothing. It must take place thru matter called nerves. Elaboration there is without end.

We trust we have presented some new idea regarding common basis of cycles. We think you will grant they are fundamental — a basis. How much you get out of this depends upon yourselves. We did not know how great Chiropractic was until in our mind we grasped significance of cycles; and we say to you frankly that today (1910) we are looking at first bucketful of water at seashore of study. We know little about cycles, yet in spite of that we feel even today we have added something to the progress of that; we have made a great progressive step in bringing out a new phase and making an interpretation of law that has always been.

Why this unwritten law of Chiropractic of which we hear now and then? Unwritten law is but an interpretation of a something we know so insignificantly little of. Be that as it may, we can do our best in trying to decipher it; and if, in the deciphering process, we do get over zealous, if we do get over anxious in thinking we want to help more of our fellow men, if we do dream big dreams, and if, in the presentation of this that, they do call us "monetary gods," it is but a thing that is always growing; it is but the attitude of present day toward an idea that comes on the stage tomorrow. It is but our message to you and it is but your acceptance of that message.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 8, August, 1910 (41 years ago.) Published by The Palmer School of Chiropractic.)

CHAPTER 12

The Story Of SCIENCE OR MONEY — WHICH?

By T. J. Owens, D.C.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 10.
November, 1910 (41 years ago.) Published by The Palmer School
of Chiropractic.)

Incorporations are pooled business interests and formed of men who put money into a business for the purpose of getting MORE money. If they don't get MORE money, they sell their stock and withdraw.

The PSC is an incorporation, but one man owns 1,995 of the 2,000 shares. In any incorporation a given percentage is guaranteed and if the profits run about that the melon is sliced accordingly. So each man eats up the profit proportionately to the amount of stock he holds.

The PSC as an incorporation handed back all its profit on 1,995 shares to B. J. Palmer and he again put them back into his business. He was not working this school for MORE money. MORE science, art, and philosophy was his cry.

Consider any Chiropractic incorporated school. If the people at large buy its stock it is to make more money. Consider a \$100,000 organized Chiropractic school. And suppose this stock is sold to two hundred \$500 stockholders. They get at least five per cent or they would not invest it. They expect more, but are satisfied with this because banks do not usually give more. Five per cent on a \$500 investment for one year equals \$25. Two hundred men drawing \$25 each out of that business reduces its possible new growth \$5,000 per year. Suppose The PSC were incorporated for \$100,000 and one man controlled that stock. And at the end of the year he would put into his business that five per cent interest (\$5,000) more than the other firm. Thus he would have \$5,000 more to invest into a better equipment, better buildings, better faculty, than his running associates. His school would grow \$5,000 faster in one year. Next year he would

get five per cent interest on \$105,000, and third year five per cent on \$110,250, and so it would grow. As capital increased, interest becomes greater.

Suppose, though, profits were much larger than \$25 per year, every \$500 the per cent would be higher and more than \$5,000 would be taken out of the business, and if the profits were but equal in the one man's school then he would put back in more than \$5,000. It can be seen that the one man school (other things being equal) will grow rapidly, outdistance and be beyond the incorporation where every stockholder has his hand in the pie.

Look back to what Chiropractic was five years ago — an out-cast, little known, in obscurity, barely called an art, having little or no science (in fact, so little that many of its early graduates had given up in disgust) and absolutely no philosophy.

Look at what Chiropractic is today — known the world over, having approximately 800 followers — adjusting 500,000 patients in the United States alone. There is a small library of literature. The PSC has a clinic of 550 daily, etc. You older Chiropractors have seen this science, art, and philosophy grow — come forth from the bud to the full bloom flower. You have seen it grow as if a magic wand had embraced it.

Who did this, and how came it all to be?

One man was the moving spirit of the wave that is today spreading over this country and soon to sweep the world. One man worked day and night, 365 days in the year for five years and more. He, it was, who developed this art, science, and philosophy and caused you to professionally respect yourself as a Chiropractor, caused you to shine in the world of sciences and arts. He it was who gave you foundational work of all you have that is Chiropractic to give to the world. He, and to him alone, is due your rights to practice by defending you from time to time. True, for all this initiative you have helped with kindly thoughts, appreciative actions, and students galore to fill the halls of The PSC.

How came it? It was the profits of each year of his business that went to you in and through a most extensive and expensive educational campaign. His matter, distributed throughout the world, will figure over \$20,000 for 1910. You have received

some of it — you will receive more. Thus the profits YOU have helped this one man to make are coming back to you tenfold. Every student you send to The PSC in 1910, in 1911 you will get the per cent profit coming back to help YOUR business grow more. Did you ever think of this seriously?

One man and the profit YOU have helped to earn have helped us all to be where we are. Would an incorporation of greedy money-makers do anything of this kind? Run over the schools that have come and died — have they ever done it? Where is there a Chiropractic school, college, or whatever you care to call it, that has turned their hand once to help you grow or enlarge the scope of your business in any manner, shape, or form? When they were working to help themselves, did they do it in a way to help the mass so that you could benefit thereby also? Has not this growth been a mutual one wherein the profits of one have helped all, and the profits of all have helped the liberality of one? The many have helped the one's profit to be greater and as his profits increased he did more for you. If many help many, by reciprocation, one gets much to help the big deeds, big jobs with which to carry on big broad campaigns.

Think — THINK, I say, and then be willing to help to profit those that help you to profit.

That's the spirit of growth. And hasn't The PSC lived it?

Year after year, this man has struggled — his all — his profits have constantly gone back into the business. He cares not for dress. Silk hats, swallow-tails have no charms for him — he dreamed only of that science and its propagation. Today he is our recognized peerless and fearless leader. Today his school is miles ahead of the nearest. Today he is 100 years ahead of his classes in thought and reasoning. This is what we gain for his concentrating his profits to ONE end. He had no stockholders to divide the future growth of his business and risk receivership from lack of new growth. He did not have ten and fifteen per cent to divide with 100 or 200 men. All of that high interest went back into HIS business, to be disposed of as he (the thinker and reasoner) saw best to accomplish the individual opinions of a universal plan. Did he have 200 equal men to scrap over this growth with, he would not have been where he is — his school

would not be where it is — would you have been where you are? The scientific growth would have been hampered and his liberties would have been constricted, for corporations think OF MONEY, not of humanity.

The PSC is where it is because all profits go back into The PSC and from there out to you. No incorporation, having stockholders to divide profits with, can ever expect to hope to outdistance The PSC. The growth of The PSC in new lines is in proportion to its individuality which is best seen watching its foster-father work with it.

If one Chiropractor out of ten could grasp the spirit of B. J., Chiropractically, and live his life of devotion and sacrifice to the end of his ideal, MY what a power Chiropractic would be.

I speak from experience — I have known him intimately for four years — I have lived and slept with him — and these remembrances are of the best I ever had. Such devotion to a principle I have never seen before, nor do I expect to see again.

You will wonder why I write this. I was one of the "cellar boys" who learned Chiropractic in a wet, damp, dingy, gas-smelling cellar at dear old 828 Brady. I was one of the "original fourteen" that formed The UCA. I have SEEN occur all that I have stated. It was "in my craw" and I wanted to get it out. I feel better now. Thank you.

T. J. Owens, D.C.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 6, No. 10, November, 1910 (41 years ago.) Published by The Palmer School of Chiropractic.)

CHAPTER 13

The Story Of

DR. D. D. PALMER AS A MAN

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 2, January, 1906 (45 years ago.) Published by The Palmer School of Chiropractic.)

Dr. D. D. Palmer is a practical man. He has a definite purpose, therefore he has succeeded; success has crowned his efforts. He is alive to the opportunities as they present themselves. He observes the incidents of life through his own eyes, then formulates his ideas by his own thinking. He accepts existence as it is, then makes the most of actual conditions. He looks to himself for help. If he receives assistance from other sources, whether from the wash woman or the spirit realm, he is just that much ahead.

The restrictions and prohibitions that are intended to cramp his energies and narrow his opportunities invigorate and broaden his conception.

He has learned to assert himself, face facts fearlessly, think logically, prepare his plans, then carry them to fruition dauntlessly.

Emergencies have been thrust upon him often unexpectedly; he has forcibly arisen and asserted his rights. While mindful of his own just claims, he is careful of others.

His life-time habit of independent thinking has become invaluable to him. He is always on the lookout for new methods and better ways of accomplishing his desires. Brevity is his watchword.

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 2, January, 1906 (45 years ago.) Published by The Palmer School of Chiropractic.)

CHAPTER 14

The Story Of IMMORTALITY

By Dr. D. D. Palmer

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 3, February 1906 (45 years ago.) Published by The Palmer School of Chiropractic.)

What is life, disease, death, and immortality?

These questions have been asked of savants of all ages. They have remained unanswered until the advent of Chiropractic, which will in time lift the curtain that hangs between this life and the one beyond. This science has given an intelligent explanation of disease, and now I shall attempt, for the first time, to give a comprehensive explanation to the other three questions.

What is life? How did it create this human mechanism and continue it as a living entity? From whence does it come and whither does it go? What is it?

We are acquainted with the outward manifestations of life, disease, and death, but these are only the symptoms of something real which the human race has desired to know. We have an instinctive longing to get back of these; we want to know comprehensively the cause of each.

Last but not least, we possess an inherent craving, an aspiration to know what there is beyond this life; what of the immortality of the soul, spirit, the Innate conscious living intelligence, that never had a beginning nor will it have an ending?

We do not pretend to fully comprehend any one of these questions; but Chiropractic has opened the door of intellectual reasoning that will eventually enlighten the world on these important subjects.

Man is a dual entity. He is composed of the mortal and immortal—the everlasting—that which always existed and always will.

The outward manifestations, symptoms so to speak, are patent to all; its senses, five or more, make the life of the physical evident. Its functions are made manifest in procuring comfort and sustenance for its maintenance.

Innate Intelligence, known by names "soul," "spirit," "nature," "instinct," "subconscious mind" and "intuition," has duplicate senses in Educated Intelligence. While the latter cares for the outward needs of body, former looks after welfare of interior thru its varied functions. Each has its special work to perform.

The physical body starts from the fecundated germ, is given life by the male spermatozoa, proceeds to develop the embryo, and thence forms the foetus.

That which we are pleased to name Innate (born with) is a part of the mother, not of the outward physical but of the spiritual. It never sleeps or tires, is not subject to material laws or conditions, does not recognize darkness or distance; it continues to watch over the functions of the body as long as they constitute a dual being.

As the scion was a part of the original stock and is not the embodiment of a new plant, shrub, or tree, until severed, so is Innate a part of the mother and not another being until separated from the parent.

Innate has its own consciousness; it is not dependent upon the body for its existence any more than we are on the house we live in. Its immortality, its eternal existence do not rely upon the life of the body it inhabits; it is invincible; it cannot be overcome by material changes; it is invulnerable, it is not subject to wounds or injuries.

Innate is not the mind, the thinking quality with which we are familiar. The functions of the brain upon which the mind depends for outward expression, are like other functions under the control of Innate. It is behind that and expresses itself thru it. It can set aside for consideration the sensations, emotions, passions, desires, or any other mental phenomena, or physiological functions, and thereby receive educational impressions thru it.

Innate is self-existent, remains unchanged, is not a part of mental or physical manifestation; but instead controls these when not hindered by diseased conditions caused by displacements of the skeletal frame. The brain does not create the mind any more than the rose does its color and odor.

The attributes of the mind are under Innate's control. Its quality and characteristic attainments are not a part of it. It is the director of intelligence, is not its slave but its master. The brain

is a medium thru which Innate manifests itself. This intelligence pervades the universe; each being is a branch—you may call this universal intelligence God if you choose.

During the condition known as trance, Innate is not able to express itself thru the Educated brain. This condition simulates in death, in which there is a total suspension of the power of voluntary movements, with abolition of all evidence of mental activity and the reduction to a minimum of all the vital functions, so that the patient lies still and apparently unconscious of surrounding objects, while the pulsation of the heart and the breathing, altho still present, are almost or altogether imperceptible.

In this state or condition the soul, spirit, or Innate has passed out of and away from the body, existing separate and distant from its earthly dwelling. Such was the condition often of my deceased wife. On one occasion she lay for nineteen hours apparently dead, pronounced so by three physicians. Four hours before the appointed funeral, life was observed by moisture on a mirror, which had been laid on her face. This glass is four by five inches, was carried in the rebellion by a union soldier, and now hangs over my desk. She was returned to her earthly existence by Dr. Jim Atkinson, deceased, who was then usually thot of as a crank. He now claims the credit of teaching me the principles of the science which I have the honor of naming Chiropractic. He tells me that he advocated the same ideas of disease as **THE CHIROPRACTOR** is now putting forth, but humanity was not then ready to receive them.

While in a trance the body is practically dead but the Innate conscious being is active, taking in scenes of this and the other life. On several occasions, when my wife returned to physical consciousness, she regretted having returned and would say, "Oh, why did you bring me back?" A glimpse of the life beyond created within her a longing to be with her friends whom she saw and with whom she conversed.

I know from almost daily experience of thirty-five years of which my five senses are in evidence, that some persons who have lived in this life continue an intelligent existence. My spiritual knowledge has become to me material, for it is an expression of consciousness by all of my five senses. There are many forms of material, as judged by our sensory faculties.

In coma and concussion of the brain, the patient does not recall any experiences during the period of unconsciousness. There is a vast difference between a trance and coma. In the former, the conscious intelligence is not restricted by substance, darkness, or distance, as in the pathological coma. In the latter, there is no means of expression thru the functions of the body wherein it is confined.

The life with which we are acquainted is of the physical, which exists as long as Innate occupies the body. To be able to perform the functions of the body is to live.

Disease consists in deranged functions.

Functions may become so extremely abnormal that Innate cannot maintain control, making the body untenable. This dissolution we call death.

Immortality is the life entered by Innate at its birth. The former is that of the physical; the latter of the spiritual.

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 3, February, 1906, FORTY-FIVE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 15

The Story Of A LETTER WRITTEN TO S. M. LANGWORTHY, D.C., BY D. D. PALMER WHEN HE WAS CONFINED IN THE SCOTT COUNTY JAIL, APRIL, 1906

THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
(45 years ago.) Published by The Palmer School of Chiropractic.)

Dear Doctor:

I wrote you a card, as I have done to many Chiropractors. I had not time to do otherwise. You know "Old Dad Chiro" is a busy man.

At 10:00 a.m. today, I will have in four days. I do not know that I ever felt happier in my life. I have had my breakfast which consists of good bread, poor coffee, and poor molasses. I have a good appetite.

The first day was the worst. My room (cell) was very filthy with tobacco juice and dirt. I have put in one hour each day. Now I have it nice and clean. My rent is paid for three and a half months. This includes water, steam heat, and janitor.

In my filthy quarters I did not desire my wife to see me; but today she has an invitation which she will fill. She is a Latter Day Saint, therefore knows what the first Mormons had to go through. Think that she will be brave in a good cause.

Now I am writing to you not as a friend of mine but that you may be able to know the situation and be able to put the boys on.

There are two features to this; two objects, viz., the doctors want to put us out of business and the lawyers want our money. We are not worth defending unless we pay for it. Unless the prosecuting attorney can secure a fine for the county, it is useless and foolish for him to put the county to an expense. If he can make us pay the fine and costs, then he has done a nice thing for himself and county. The sentiment expressed plainly is, "— a man that won't pay his fine."

It is a question whether it is best to hire a lawyer or not. But it is the thing to do to not pay a fine. I had plenty of matter written up for it when my trial came. But owing to the change in affairs, the contents of this issue will be changed from what was intended.

Chiropractors cannot educate a lawyer as to the difference between Chiropractic and the medical practice in a few days. My old lawyer was away so I had to secure another.

The Judge gave such a ruling that the jury could not help but give a verdict of guilty of practicing medicine, surgery, and obstetrics without a license. I got in a good speech, altho interrupted by the Judge three times. I told him why Judge Bollinger could not serve on my case. Why Con Murphy, county assistant prosecutor, would not prosecute. While the Judge was set against me, he heard some plain facts and so did the large audience which contained many lawyers. I was in my best talking humor. The next Chiropractor will contain my speech, as our stenographer was there and took it down.

After it was over, Con Murphy told the Judge how I had cured him two years ago of sciatica, by one move. The Judge expressed his surprise by saying, "I thought he was a quack that you wanted to make an example of."

A Jew taught me a lesson several years ago. It comes in play just now. It is this: "Let those pay the costs and the expense of boarding me. I don't want to pay costs, or fine, let those pay it who want to."

If all Chiropractors will band together in doing as the discoverer and developer of Chiropractic has done, there will soon be an end to prosecuting us.

We have taken in more money during the few days I have been here than ever before for the same length of time.

Many of our friends thot we did not pay the fine because of lack of means and very kindly offered to loan us the amount needed. We thanked them very kindly and informed them that we did not need it; that we were in for a princiPLE not for lack of princiPAL.

We find, as expected, that Chiropractic is receiving much free advertising. Many papers have commented on it.

Don't worry about the discoverer and developer of this science. He never felt better in his life than he does this morning. It does not hurt him when he thinks how he has been lied about by those whom he has accommodated, those who ought to be under many obligations to him for past favors, including the present.

I am pleased that it has been my lot to be incarcerated for the science which I have devoted so many years to develop. It will do more good in advertising than for any one of our students or graduates to have been placed in the same position.

One of our students stands 6 ft. 3 inches, had been an Osteopath for several years. He says: "You have been having it easy to what we Osteopaths had it at first."

I expect to win out on this; then we may have a tilt with Osteopathy. We have a number of Osteopaths who will stand by us in stating that Chiropractic is not Osteopathy. Iowa will allow those from other states to testify as experts. Wisconsin has a statute which does not allow those from outside of the state to testify as an expert.

The Salvation Army, Christian Scientists, and others have won out by doing just as I am doing. Will Chiropractic do the same?

I remain, as ever, the discoverer and developer of the science of Chiropractic, and am ready to stand by it.

This is the first letter written from my new office which is furnished by the county. I have given two adjustments which gave relief — must not say "cure or heal" for the State Board has a copyright on that.

As ever,

D. D. Palmer.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 16

The Story Of
JUDGE BARKER'S INSTRUCTION
TO THE JURY

(Case of State of Iowa vs. D. D. Palmer)

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

In the District Court of the State of Iowa in and for Scott County.

Gentlemen of the Jury:

1. The indictment in this case charges the defendant with the crime of practicing medicine, surgery, or obstetrics without having procured and filed for record a certificate of the State Board of Medical Examiners.

To this charge the defendant has interposed a plea of not guilty; it is therefore incumbent on the State to prove every fact essential to establish a guilt in order to warrant conviction and to do this the proof must be made fully. It must conform substantially to the allegations of the indictment and must establish guilt beyond any reasonable doubt.

2. A reasonable doubt as the words import, a doubt of guilt, which is founded in reason. It must be a real, substantial doubt and not one that is merely fanciful or imaginary. It must not be sought after nor should evidence be strained in order to produce it, for when it is such a doubt as the law recognizes it arises fairly and naturally in the mind upon a full consideration of all the facts and circumstances in evidence in the case. If upon such consideration of the evidence the mind hesitates and is unable to arrive at a conclusion of guilt, that is entirely satisfactory to itself, this will be a reasonable doubt and the defendant should be given the benefit of it as such. If, however, the facts and circumstances proved are in your judgment so clear and satisfactory as to exclude from your mind all such doubts, they should be

taken as true and if they go to the whole case and are against the defendant it will be your duty to convict of such offense as may be proved as hereinafter stated.

3. The facts essential to establish the guilt of a defendant or any of such facts may be shown by evidence either direct or circumstantial. Direct evidence is the evidence of witnesses to a fact or facts in issue, of which they have knowledge by means of their senses. Circumstantial evidence is that which tends to establish a fact or facts in issue, by the proofs of collateral facts, from which it may be reasonably and logically deduced that the ultimate fact exists which is thus sought to be established.

In order, however, to warrant a conviction upon circumstantial evidence alone the facts proved must not only be consistent with the guilt of the accused, but they must also be inconsistent with any rational theory of his innocence.

4. For many years the practice of medicine and surgery has been recognized by common consent of all civilized nations, as well as by their laws, as one of the learned professions, requiring peculiar skill and knowledge upon the part of those professing to follow it.

So little do people generally know of the subject that in no profession, occupation or calling are the people more easily or readily imposed upon, and to guard the people against the effects of imposition or ignorance, the legislatures of a number of the states, including our own, have passed statutes requiring that all persons practicing the art of healing shall have some knowledge of the nature of disease, its origin, its anatomical and physiological features, and its causative relations, and that such knowledge shall be evidenced by a certificate of the State Board of Medical Examiners.

Statutes are not for the purpose of discriminating against or in favor of any school, or method of practice, nor do they have that effect. They simply attempt to require knowledge of certain subjects deemed by the legislature essential to enable the practitioner to intelligently administer to the needs of the sick and leave it to him to apply that knowledge as his judgment dictates.

That portion of our Iowa statutes bearing upon this question material to this particular case, is substantially as follows:

Any person who shall practice medicine, surgery, or obstetrics in the state without first having obtained and filed for record in the office of the recorder of the County in which he resides, a certificate of the State Board of Medical Examiners, which shall confer upon him the right to practice medicine, surgery, and obstetrics, and who is not embraced in any of the exceptions provided for therein, is guilty of a misdemeanor, and upon conviction thereof shall be fined not less than three hundred dollars and not more than five hundred dollars and shall stand committed to the County Jail until such fine is paid.

The exceptions referred to are: 1st. Students of medicine, surgery, or obstetrics, who have had not less than two courses of lectures in a medical school in good standing and who prescribe under the supervision of preceptors or gratuitously in cases of emergency. 2nd. Those who sell or prescribe mineral waters flowing from wells or springs. 3rd. Surgeons of the United States Army or Navy or of the Marine Hospital service. 4th. Physicians or midwives who at the time of the passage of the act covering this subject, had procured from the Board a certificate permitting them to practice without a diploma or an examination. 5th. Physicians as defined in the statute, who at the date of the taking effect of the act governing this subject, to-wit, January, 1887, had been in practice in this state for five consecutive years, three of which had been in one locality. 6th. Filling prescriptions by a registered pharmacist. 7th. Advertising and selling patent or proprietary medicines.

5. Practicing medicine, surgery, or obstetrics is being a physician as used in the statute is defined thereby as: 1st. Publicly professing to be a physician, surgeon, or obstetrician and assuming the duties. 2nd. Making a practice of prescribing, or of prescribing and furnishing medicine for the sick. 3rd. Publicly professing to cure or heal.

6. The indictment in this case is based upon this statute, which the state claims that defendant, D. D. Palmer, has violated. It is couched in the language of the statute and the facts charged therein essential to establish the guilt of the defendants are: 1st. That on or about December 1, 1904, and continually since that day and up to the 7th day of October, 1905, the day of finding the indictment, the defendant did unlawfully practice medicine,

surgery, and obstetrics, and did publicly profess to cure and heal. 2nd. That this was done in Scott County, Iowa. 3rd. That defendant had not first obtained a certificate from the Board of Medical Examiners of the State of Iowa conferring upon him the right to practice medicine, surgery, or obstetrics and recorded the same. 4th. That the defendant was not embraced within any one of the seven exceptions to the statute, naming them, in paragraph 5 of these instructions specifically set out.

These essential facts, or charges, as already stated to you must have been proven to you by the evidence in the case, beyond a reasonable doubt or you should find defendant not guilty. If they have been so proven you should find him guilty.

7. Proceeding to examine these four charges you should first inquire whether or not the defendant did, during the period charged to-wit, between December 1, 1904, and October 7, 1905, practice medicine, surgery, or obstetrics as defined by the statute.

As stated to you in paragraph 5 of these instructions the statute provides three different conditions or acts, the doing of any one of which constitutes practicing medicine within its provisions. Only one of these is charged in this indictment, namely, that the defendant *did publicly profess to cure or heal*. You should therefore confine your inquiries to this one charge.

8. To publicly profess to cure or heal, means to announce to the public generally his claim of skill in the art of healing, with the purpose of treating the maladies of those who may engage his attention.

Such announcement may be made in various ways, though it is usually done by means of printed advertisements in circulars, papers, or other publications.

The scope of your inquiries in this case is further limited by the fact that the only evidence before you in this case as to such public profession on the part of defendant is that referring to his connection with the magazine or journal called THE CHIROPRACTOR, copies of which have been introduced.

As to that you are instructed that if you find from an examination of the matter in these magazines which the County Attorney has read to you that such matter contained therein, or any of it, constitutes an announcement to the public generally of a claim

of skill upon the part of defendant in the art of healing, and further find from all of the evidence in the case that such matter was published in the case with his knowledge and consent, and that in making such announcement he had the purpose of treating the disease or sickness of those who come to him in response thereto to engage his attention, all of which you must first find beyond a reasonable doubt, you should find that he did publicly profess to cure or heal within the meaning of the statute and proceed to the consideration of the remaining charges of the indictment. If you do not so find you should proceed no farther but should return a verdict of not guilty.

9. The charge in the indictment is that such public profession of curing and healing was continually made by the defendant from December 1, 1904, to October 7, 1905. It is not necessary, however, in order to warrant a conviction for the State to prove such continuous profession. It is sufficient if it has established by the evidence that the defendant, beyond a reasonable doubt, did at any time between the dates named, publicly profess to cure and heal, as hereinbefore explained to you.

10. You should next determine whether the public profession of defendant to cure or heal, if you should find he did so profess, was made in Scott County, Iowa. If you should find that it was, you should then pass to an examination of the next charges. If not, you should acquit.

11. The defendant can not be found guilty under this indictment unless you also find beyond a reasonable doubt that he did not before profess to cure and heal, procure from the Board of Medical Examiners of the State, a certificate authorizing him to practice. The statute also provides that such certificate shall be filed by the holder in the office of the recorder of the county where he resides.

In order to substantiate its claim that the certificate of defendant, if he has one, was not recorded in Scott County, the State has introduced the register of Physicians and Surgeons of Scott County which the recorder of Scott County has testified contains the record made by that office of the physicians' certificates filed therein, and is the only record of such certificates kept in that office.

If you should find from this and from all of the evidence in the case that the defendant did not file any such certificate in the office of the recorder of Scott County, then the burden is upon him to show that he did in fact have such certificate, and it is for you to say from all of the evidence in the case whether he did or did not have it. If he had you must acquit him. If he had not you should proceed to the next inquiry.

12. As to the fourth charge, namely, that the defendant was not embraced within any one of the seven exceptions to the statute which I have above enumerated, the burden is upon the defendant to prove to you that he was within one of them, if he so claims to be. If he has not done so you should find that he was not embraced within them or any of them.

13. If you find against the defendant upon all of the four essential facts to which I have called your attention in the 6th paragraph of this charge you should find him guilty. If you do not you should acquit him.

14. You by the law are made the sole judges of the credibility of the witnesses who have appeared before you and of the right to be given to all of the evidence introduced in the case, under your oaths as jurors you have undertaken to decide the case in accordance with that evidence and these instructions. With the wisdom of the statute, or the character of the practice or other business of defendant, if any such is shown by the evidence, you are not concerned.

It is your duty as I feel assured it is your desire to decide only that one question, namely, did the defendant in Scott County, Iowa, at the time stated *publicly profess to cure or heal*, he not having first procured a certificate and not being within one of the exceptions by the statute provided, all as hereinbefore explained.

You should not allow anything to divert your minds from the decision of that one issue.

If, from all of the evidence, you are satisfied beyond a reasonable doubt that the defendant did so public profess to cure and heal not having a certificate and not being within one of such exceptions you would be justified in finding him guilty. If you do not, you should acquit him.

Herewith I hand you two forms of verdict. When you have reached your conclusions, select the one which expresses them, have it signed by one of your number selected by you as foreman and bring it into court as your verdict.

A. P. Barker, Judge.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 17

The Story Of

D. D. PALMER'S ADDRESS TO THE JUDGE

When Asked "Have You Any Reason Why
Sentence Should Not Be Passed Upon You?"

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

Your Honor, I am pleased to have the opportunity of saying something in my defense. I have lived in Davenport twenty years. Have followed my practice unmolested. I have been interfered with six times. The jury was not to blame for rendering the verdict they did. Behind the jury was the judge, who gave his instructions. Behind the judge was the medical law. This law was not made by the people, but by the medical profession. It was made for the purpose of protecting that profession; not for protecting you and me.

I, as D. D. Palmer, the discoverer and developer, the originator of Chiropractic, who has brought into this city for the last twenty years from \$5,000 to \$25,000 cash to be expended among you; I, the developer of Chiropractic, feel that I have a constitutional liberty to the discovery that I have made and the people have the right to it. When Con Murphy came in here yesterday, the assisting prosecuting attorney, he did not offer his services as prosecuting attorney. He was brought into my office suffering excruciating pain from sciatic rheumatism, and was cured with one adjustment. It was a crime to tell it.

Dr. P. M. Bracelin was cured of rheumatism he had had since a boy, by four adjustments. Chiropractic adjustments are not known and never were until I developed them. It is not Osteopathy. I feel that those are my thoughts, my ideas, and as the seal of Iowa says: "Our liberties we prize and our rights we will maintain." This I will do even if behind the bars.

Now then the prosecuting attorney made a very fine finish. I anticipated it, but my attorneys did not. "Why did not Dr. D. D. Palmer seek protection from the State of Iowa?" When you become acquainted with D. D. Palmer you will find a different kind of a man.

Osteopathy had existed 47 years before it was recognized by a single state, and then Osteopaths had only six students. Chiropractic has been existing 10 years and last year The Palmer School of Chiropractic turned out 30 students. Among these were M.D.'s, Eclectics, Homeopaths, and Osteopaths. Dr. W. W. Bailey's wife was cured of cancer of the right breast and he was man enough to pay \$500 to learn Chiropractic. He has cured typhoid fever with one adjustment. It is a crime for me to tell it, though. The Medical Board of the State of Iowa say it is a crime to publicly tell of any good you have done in this line.

The Osteopaths today are given credit by the Medical Fraternity to be ahead of them in anatomy, physiology, and other necessary branches they are studying. Last April, 40 Osteopaths applied for examination in the State of Illinois and not one of them passed. One of the California gentlemen told me he had in his possession the questions before hand and the way he got them was by greasing their paws with money.

Your Honor, I ask for the benefit of the county that you make the penalty as light as possible that the county shall be put to no more expense than necessary, so that it will not take so long to eat out my board bill. I do this, Your Honor, conscientiously. Chiropractic is mine. I will stand by it as long as I live, even behind the bars. There are today 500 practitioners. I do not expect my enemies to favor me. I ask Your Honor to be as lenient as you can so as to put the county to as little expense as possible.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 18

The Story Of

“WHY DOESN'T MR. PALMER PAY
HIS FINE?”

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

D. D. Palmer does not pay his fine because he thinks it unjust. Consequently, he looks upon it as a holdup.

Think of fining a man for doing good. The only complaint made was that he did not procure a permit from his competitors, his enemies. Competition should be the law of trade; survival of the fittest; special privileges to none, an open field for all. Such is American.

D. D. Palmer and his son could have kept the science of Chiropractic entirely to themselves; but instead they are teaching it to Allopaths, Homeopaths, Eclectics, Osteopaths, Ophthalmologists, and the laity. These desire to learn the best method of relieving mankind of their ailments.

Chiropractic is an innovation making inroads on therapeutical methods, such as the world has never before witnessed. It adjusts the cause of disease, instead of treating the effects. All methods, heretofore, have treated effects. It is high time that we should find the cause of ailments and adjust them.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 19

The Story Of "TRUTH CRUSHED TO EARTH WILL RISE AGAIN"

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

The crucifying of Jesus did not retard his teachings.

When John Brown was hung, altho by the authority of the United States, that act made as many abolitionists as he had drops of blood. His good work went marching on.

The murder of Joseph and Hiram Smith of Nauvoo, Illinois, did not retard their teachings. All this rumpus about Smoot is advertising mormonism. They realize the injustice but have an inward satisfaction in knowing that such work is making converts.

The Chicago papers tried to down John Alexander Dowie, but they only advertised him and made him worth \$28,000,000. The last few years, they have ceased to persecute him, and the result is, he has lost his grip and is cast out by his followers.

Homeopathy had prejudice to overcome and a fight against the established allopaths. Osteopathy did not develop numbers for nearly 50 years. When the medical fraternity began their crusade, then they increased.

Persecution sweetens the work of martyrs. Placing D. D. Palmer behind iron bars, confining him to a space 7 x 9 feet, does not cramp his intellect. His brain is active. Often in the mid-night hours he arises and writes articles which adorn the pages of this issue.

Such men as D. D. Palmer turn defeat into success.

Dr. Palmer's prison life is being sweetened by the remembrance of many aches and pains he has relieved.

Cure and heal are two of the Allopathic sign boards. They use them as a contrast to "Disease is an enemy which we must combat." "We must charge it with shot and shell." Medical doctors

have bravely fought for the lives of their children. They have used the best weapons they could plan and build. They have failed to batter down and take the forts of the enemy, because the enemy had guns and ammunition of greater strength and longer range. They will boast of their "armamentarium," how well they are fortified and prepared to fight the invader. They swell up with self conceit and talk about stamping out disease. They will tell you of their great fight with epidemics, and how they came off victorious. They display on their bulletin boards their patient fighting for life, and there is one chance left.

Why not learn the cause of disease and find that the origin is within the person afflicted; that it is but disturbed function? All functions are performed by and thru nerves. Nerves impinged in any one of the 300 joints of the bony frame work cause abnormal action, resulting in symptoms we name disease. M.D.'s talk about fighting disease, stamping it out, strengthening their armamentarium so that they may conquer and come off the battlefield victorious.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 20

The Story Of

DR. D. D. PALMER TALKS IN JAIL

Will Serve Entire Sentence Rather Than Pay Fine.
Confined in a Cell 9 x 11 Feet, and Treated as Ordinary Prisoner.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906,
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

Dr. D. D. Palmer who is serving a 105-day sentence in the county jail, was interviewed in his cell Sunday afternoon by a Democrat representative who inquired how jail life was agreeing with him. To this question, Dr. Palmer replied:

"It's not so bad as some people might suppose. The first day naturally was the hardest to bear; the second day was easier; and so on until now I am reconciled to my fate. I am here for a principle which is Chiropractic. This is mine. I discovered and developed it. No medical school has ever practiced or used it. In doing so I am not practicing surgery, medicine, or obstetrics. I am opposed to the practice of medicine in all its branches."

WILL NOT PAY FINE

"Many people are saying on the street that you will soon become tired of jail life and pay your fine in order to be released," stated the reporter to Dr. Palmer. To this information, the doctor replied:

"I will pay no fine and will serve out the entire sentence if required to do so. I feel less and less every day like paying a fine. A rather interesting incident occurred in connection with my sentence. After I went to jail, several parties phoned to my home and others called offering to lend me money with which to pay my fine. I am not in cell for lack of princIPAL but for an abundance of princiPLE."

IN A SMALL CELL

Ever since Dr. Palmer went to jail, the general impression has prevailed over town that he was a prisoner in name only and was given special privileges, etc., while serving his sentence.

This is a false impression. When The Democrat representative called at the jail and asked Turnkey Eldridge to see Dr. Palmer,

the turnkey picked up his bunch of keys and led the reporter through the jail corridor to the east wing of the jail. At a certain cell, Mr. Eldridge stopped, inserted the key in the steel door, and swung it open. Inside this cell, which is 9 x 11 feet in dimension, was Dr. Palmer. He entered this cell on the morning he began serving his sentence and has not stepped out of it since.

In the cell is a cot, two chairs, a small table, and a typewriter. The only things the doctor is allowed in his cell that are not found in the cells of the other prisoners are the extra chair, the table, and the typewriter, books, literature, flowers, plants, and writing materials.

CLEANS CELL HIMSELF

A noticeable feature about the cell in which Dr. Palmer is confined is its cleanliness. Soon after entering it, Dr. Palmer himself went to work and gave it a thorough scrubbing. Every morning he spends an hour or so in cleaning it, and making it as attractive as possible.

Dr. Palmer states he is treated well by all the jail officials and has no complaint to make. "Only one thing I would like to do which they will not allow me," stated the doctor, "is to hang out my sign over the window to my cell."

TIME PASSES QUICKLY

Continuing, Dr. Palmer, who by the way is the elder doctor and not the son, as is misunderstood by some, said:

"Time passes very quickly in jail. I spend the time in reading, writing, and studying Chiropractic. I am living on the prison food and have requested my family not to send me any delicacies. Prison food is not bad. I can stand it. As long as my wife and son stand by me, I will be patient and remain contented. You see, some friends sent me those beautiful flowers today. Well, I certainly appreciate this kind remembrance, also visits of my friends who have come to the jail to see me." — Democrat, 4/2/06.

(THE CHIROPRACTOR, A Monthly Journal, April-May, 1906
FORTY-FIVE YEARS AGO. Published by The Palmer School
of Chiropractic.)

CHAPTER 21

The Story Of THE HISTORY AND PHILOSOPHY OF CHIROPRACTIC

By D. D. Palmer

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 11, October, 1906, FORTY-FIVE YEARS AGO. Published by The Palmer School of Chiropractic.)

You want to hear something in regard to the History and Philosophy of Chiropractic. That is why I arose at 2:00 a.m. this morning. In giving this, there are many minor details altho they were interesting and instructive to me, which will be omitted for want of time. I must also remember that as students you are supposed to have read my articles of the past so I must present to your view something new; or at least give it in such manner that it will not be a tiresome repetition.

My environments, over which I have no control, have forced me into Chiropractic. I have done the best I could; angels could not have done better. If my surroundings had been different, I might have accomplished more towards enlightening mankind as to the cause of disease. I will, however, leave the world the better for my having lived in it, which is more than many an M.D. can say.

I am requested to give you a knowledge of facts and events which led up to the discovery and development of the science which I had the honor of naming Chiropractic. Even this credit has been denied me by a few who have tried to wrest it from me.

For ten years I practiced the healing art under the name of magnetic. I then laid my hands on the diseased parts and did not slap or rub as is usually done by vital healers. I now see that I then reduced the over-excited inflamed condition of nerves, or vitalized the depressed state. That is all there is to mental and physical magnetic treatment, no matter by what known or the power supposed to exist behind the influence.

Before discovering that diseases are caused by luxated bones, I had learned many things which led up to and were a part of untold value in developing the science of Chiropractic. For example, I had found that strabismus, vacillation of the eyes, lippitudo, commonly known as bleary eyes, being a chronic inflammation of the tarsal margins, which are red; gums receding from the teeth, leaving them bare to the alveolar process; paralysis agitans were accompanied and I then supposed were caused by spinal nerves in bundles known to the medical profession as thirty-one-pairs of nerves; that these leash fibres passed to various portions of the body; then I comprehended why the above mentioned diseases co-existed with each other. An impingement of the nerves (fibre bundles) as it passes thru a foramen, composed of two bones, notches which slide upon each other, thereby contracting or enlarging the opening, may press upon one or more of these fibres or change from one fibre to another, when impinged by occlusion. Here is the explanation why strabismus, eye balls vacillating, and paralysis agitans are caused by nerves being very much compressed; while bleary eyes, granulated eyelids, gums inflamed and swollen, even to forming pus, are because of a slight pressure. These affections are often found in the same person at the same time. When we find any one of the above conditions, we know where to locate, and how to remove the pressures.

This same Chiropractic knowledge locates the cause of exophthalmis goitre at S.P., which consists of protusions of the eyes, enlargement of the thyroid gland, violent action of the heart, indigestion, and other physical disturbances. At S.P. there are nerve fibres which go to and end in all the disturbed localities.

Chiropractors have no use for such explanations as sympathetic — one ailment causing another.

B. J. Palmer was the first person who learned that a light pressure produced inflammation, an excessive amount of heat, over functional activity; while a heavy pressure caused paralysis, lack of function. This new thought brought much light on what was otherwise obscure. It explains why mental and physical magnetic influence returned the functions of nerves to their normal amount of action, the healer controlling, more or less, the nerves of the patient. The same principle holds true in our day as twenty centuries ago, when The Great Healer Himself "took our infirmities and bore our sicknesses."

I have always made it a rule to keep my eyes and ears open, never afraid to gather information from nature, washwomen or angels. I want you to learn to grasp new thots after thoro investigation; think independently for yourselves. It is surprising how few dare to investigate, preferring to follow blindly in the footsteps of others. To illustrate: For hundreds of years we have been told, none dared to think otherwise, that a certain number and size of gold fish should be kept or shipped in a certain quantity of water. Several years ago, I discovered that it was surface not depth that was needed; that as many fish could be kept or shipped in a depth of 3 inches as 3 feet. The amount of oxygen received depends upon surface and plant growth, not depth. I have 45 fish, average length 5 inches. These are kept in a tank of 7 square feet surface. Water never changes; fish never fed. A year ago I would have thot this impossible. The receiver of fish has been paying the express companies for three times as much weight of water as is required. Follow nature. Chiropractic is founded on natural laws — true anatomy.

The gold fish dealer is always asked: "How often do you change the water? What do you feed them?" This method of reasoning, born of superstition, is as wrong and unnatural as it is to treat the effects instead of adjusting cause. Reason depends upon and is acquired by education; we think as we have been instructed. Nature never changes the water in ponds. The aquarium is but a small one, controlled by the same natural laws. Under natural conditions fish are never fed from the hand of man. They find their sustenance in the water, vegetation that grows there. When lakes, ponds, or puddles become warm, the water is made green on the surface or the water itself becomes so, unless there is sufficient amount of plants growing in it. This green is but vegetation, the more heat and sunshine the greater the amount. The more trees on land, the less grass. The more water plants, the clearer will the water be. Gold fish eat only in warm weather; they live on growing green vegetables and should not be fed on any other food.

The less you feed and change the water, the longer will your fish live in a healthy condition.

We have been accustomed to think and speak of still water, made green with vegetation, as stagnant, malarial, a breeder of

diseases. This is allopathic, and like all their ideas is false. The vegetation in the water does not create disease, any more than similar growth on land. Fish dealers advise keeping water plants in aquariums for aerating, to furnish oxygen. It is far more important as food for young fish acquiring saleable size. It is amusing and instructive for us to watch hundreds of plump, sleek, baby fish eat growing plants.

If the aquarium water becomes too green, too full of vegetation, so that inmates cannot be readily seen, give less light. Do not feed gold fish any kind of food from the table, other than green vegetables growing in their water element. Never speak of green water in a derisive manner; it is not impure or foul, just because nature sees fit to grow vegetation.

Chiropractic is a science built on nature's order. All therapeutical methods have originated in superstition, therefore fanatical and bigoted. Chiropractors have dared to ask why functions are abnormally performed, and have looked to nature for an answer.

The originator of Chiropractic was surrounded at birth with the forest primeval of Canada. His cradle was the bark of hemlock, curled into suitable shape by the sun. He loved to study creation as he found it. By seeking, he discovered that irregularities existing between bones, constituting the frame of the human body, caused all the miseries named disease. Chiropractors have not been content with this amount of understanding; they comprehend that all animated nature, where the nervous system depends upon a backbone, is subject to the same laws.

Mankind are poisoned by obnoxious air, food, water, and drugs. Our domestic fowls are made sick by the effluvia from accumulated droppings under the roost. Superstitions, mistaken benevolence, feed the gold fish oatmeal, crackers and bread from the table, creating such diseases as dropsy, varicocity of the fins and tail, in which red bloody streaks appear. They become agglutinated, the tissue between the spines decays, leaving the extremities looking like disarranged bristles on a brush. Frequently portions of the body become covered with fungus, instead of its slimy protection. All these diseases are by unnatural food, which poisons the fish as much so as other vertebrates are poisoned. Poison acts upon the sensory nerves; they in turn control the

motor, which draws vertebrae out of alignment, whether in man, horse, fowl, or fish. A book on gold fish says, "A keeper of an aquarium should understand how to administer remedies." I would replace this advice with "An ounce of prevention is worth a pound of cure."

Treating effects has been born of superstitious reasoning. Two hundred years ago amulets and charms were prescribed by allopaths; in fact, they were used in my boyhood days. Specific, pure, unadulterated Chiropractic is the first to cut out all superstitious methods.

My mother was as full of witchcraft and superstition as an egg is full of meat; my father, on the contrary, had none of either.

Chiropractic principles are not new; they existed as long as backbones. They were recently discovered. How much more there is for you and me to learn is a question which time alone will solve.

You may think this article somewhat fishy; but if I have caused you to consider, giving you one idea that will help to liberate your mind from the allopathic method of meditating, treating effects, then you will have been benefitted, and I will have accomplished my purpose.

(THE CHIROPRACTOR, A Monthly Journal, Vol. II, No. 11, October, 1906, FORTY-FIVE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 22

The Story Of THANKSGIVING

Toast Delivered by "Uncle Howard" Nutting at The P.S.C.
Thanksgiving Dinner, 1906.

(THE CHIROPRACTOR, A Monthly Journal, Volume III, Nos. 1-2,
December-January, 1906-07 — FORTY-FIVE YEARS AGO. Pub-
lished by The Palmer School of Chiropractic.)

Ladies and Gentlemen:

We are thankful we are not as other men. Friends of Chiropractic do not claim superiority except we DO know how to keep in proper condition to enjoy an occasion of this nature.

Many surrounding their tables today, heavily laden with the choicest of foods that can be conjured by chefs, are unable to relish the smallest portion of their Thanksgiving dinner. "Too rich, sweet, or highly seasoned and dare not partake for fear of results." There is nothing deficient or excessive in its preparation. They are not hungry; or, if so, their taste demands something different from what is before them. Being diseased, their taste demands likewise; the cook being blamed for the consequent symptoms and causes being within themselves.

These unfortunates are to be pitied rather than blamed. Like the Wise Men of the East, Chiropractic has discovered the star of health, which has been strictly followed. Others have heard of an imaginary Health Star; only Chiropractors have beheld its brilliancy. Perhaps our friends or foes have conversed with those who have bathed in its gleams, enjoyed its blessings. Instead of investigating or beholding, they have fled on — they knew not where — with the little strength at their command, lest they might be so blinded by its dazzling brightness that they would be unable to enjoy the effects of quinine, cocaine, and strychnine, or feel the soothing effects of mustard plasters or blisters produced by castor oil.

Frequently we reach a fallen victim, weak and exhausted, unable to keep up with that demented throng who, under the lash

Chiropractic star's rays. Lift him. No sooner does he behold the of drug dispensers are forced on lest they be overtaken by the happy, healthy, rosy cheeks of which a Chiropractic following is composed, than a new and brighter hope cheers him onward.

"The wicked flee when no man pursueth, but the righteous are bold as a lion." Chiropractic marches steadily onward, knowing full well that to keep guided by this lucky star is to be a happy and healthy people.

Our sick brothers cannot escape, no matter how fast they are driven; they may be kept just beyond the reach of this particular star but new constellations are being rapidly created. The firmament will soon be studded with shining gems of light of such intensity that it will be impossible to be driven into grottos where these rays of light will not permeate. They need only to be allowed to see to be convinced. The time is rapidly approaching when all will be alight. Darkness of superstition and mystery will be bounded into narrower confines.

If there are any present who suffer inconvenience from the effects of this tempting and bountiful supply of edibles, let him or her step into the adjusting rooms, ring the class gong, and two score and ten of willing hearts and helping hands will respond and relieve them.

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CHAPTER 23

The Story Of

CELL TISSUES AS BASIS OF LIFE

Interesting Lecture Delivered by Dr. B. J. Palmer

Chiropractic Is First School that Has Bridged the
Gulf Between Mental and Physical Phenomena.

(THE CHIROPRACTOR, A Monthly Journal, Vol. III, Nos. 1-2,
December-January, 1906-07 — FORTY-FIVE YEARS AGO. Pub-
lished by The Palmer School of Chiropractic.)

Chiropractic is the first school that has bridged the gulf which has existed between the mental and physical phenomena. No school, up to the advent of Chiropractic, has made practical the study of the missing link between them. We will tonight reach another step; one that involves a more physiological principle owing to its demonstration in the living body — how action of impulse is converted into manifestations of life in tissue cells to make one future unit.

The two sex elements fused present millions of germinated microscopic cells, every one representing many other nucleated cells, each of which is capable of enlargement, and by the process of cell expansion makes many other cells apparent. This is supposed to be cell division, but they are transforming thru the process of cell expansion from the germinal stage.

The growth of the body is a process of expansion of millions of germinal cells that are deposited under favorable circumstances, the expansion of which develops in various tissues. The fetus expands to the child, the child to youth, the youth to adult, the adult to aged period. At last period all creative or sub-layers of cells have been utilized and enlarged; supply is spent and reserve force is gone. Old age cells have been expanded and utilized. When the full expansion of cells has taken place, at any age, death is the result. Youth of sixteen may have all cells abnormally expanded; if so, death is result.

Each living unit, whether it be a plant or human, has a certain number of reserve cells to take the place of those that have been utilized in normal functions of man. These should, in the normal, pass outward at a gradual rate of speed. This always depends upon supply and demand. Life is shortened in proportion to the extensive abnormal demand made upon reserve cells. If one hundred years is normal life, and one-third of reserve cells have been used by disease before sixty-six years, then life reaches an end at $66 \frac{2}{3}$ years. He has used 100 per cent of reserve cells in period of 66 years. If degenerating diseases are not existent, life would mature to a normal fruitage.

Life exists in two forms. The mental, which we do not feel, hear; or recognize with any of the senses, is called Innate and makes itself known thru medium of Innate brain. Innate life exists in unbounded quantities; it has no space limit nor is it bounded. Physical life is limited to the capacity or ability of nerves for conveying impressions and impulses from the mind. Life is a power; action is to express mental power by nerve impulse. Action is produced by impulse expanding each individual cell, thus changing it from germinated or youthful state to matured cell or adult. Complete expansion is mental life normally expressed. Physical life is the process of cell expansion.

Cold produces contraction; heat expansion. This is why all nature blooms and grows in summer. Trees and other natural products are in a condition of contraction, dormant as it were in winter. Bodily expansion is possible under certain circumstances; that is why the body is always kept warm.

Take away the function of individual expansion, by pressure upon nerve impulse at the spinal column where subluxations are, and paralysis exists. Create too much expansion, a superfluity, and growth or enlargement exists. Normal expansion which is always guided by Innate brain, if not interfered with, always is reached provided no obstructions exist between the formation of mental impulse, transmission thru nerves and its expression at peripheral nerve fibers, due to subluxations of vertebrae. Anything that stops expansion is just that much interfering with the expression of life.

Man is a complete unit. He depends upon nothing for sympathy. He has within himself all that is necessary to maintain

normal health. He has the nervous fibers necessary to carry every brain impulse. These come direct from the spinal cord. It shows every nerve fiber that exists in the body, and every nerve fiber entering the spinal cord is represented within the brains.

Voluntary brain expands just so much as man uses it. As he uses certain voluntary impulses, he is just that much causing voluntary mental germinal cells to expand. The more he thinks, the easier it is to think. The more he studies, the easier it is to study. The more his mind is concentrated upon any one thought, the easier it is for him to continue, because he correspondingly enlarges or expands those cells.

Goiters, tumors, and other abnormal enlargements represent diseased expansion before their time. We have an expansion of many cells which are maturing abnormally before their rightful, fruitful period. We have no new cell growth, simply an expansion of that which previously existed, even though it be in germinal form.

We have here discussed the enlargement or swelling that exists in each cell of the region affected, because there is pressure upon the functional nerves controlling expansion. As long as this abnormal stimulated condition exists the tumor continues to expand. Add to the above a future excessive heat or fever to those tissues, and decomposition follows. An excessive deposition of nutritious substances, minus the impulse to convert it, with germinal cellular expansion, means a tumor or goiter. The enlargement of the stock of germinal cells which would have otherwise gradually and normally developed in five years, has now enlarged abnormally in one year. The faster these individual germinal cells are expanded abnormally in youth or adult, the shorter is the life. Remember that Innate can continue her work as long as there are germinal cells to expand. When all of these are expanded then the condition is death.

Chiropractic studies fundamental principles of health and disease, reaching the conclusion that life is exemplified under inhabitable conditions. Disease represents the obstructions or interference. A light pressure upon life-conveying nerves increases the function of the nerve impinged. What is the proper thing to do? Are you going to continue to treat effects, remove this ex-

pansion of cells in the tumor by an operation, or are you going to adjust the cause (pressure upon nerves in spinal column) thus restoring normal impulse, hence retracing the steps from disease to health?

Life, philosophically speaking, is the harmonious connection between brain and physical body. Physiologically speaking, it is the normal expansion of tissue cells. Disease, philosophically speaking, is the partial interference of impulses between brain and physical body by pressure upon nerves. Physiologically speaking, it is the excess or lack of normal expansion of tissue cells. Death, philosophically speaking, is the complete cessation of impulses due to the complete disconnection between the brain and the body. Physiologically speaking, it is that stage where no more germinal cells exist to allow normal expansion.

Which is better — treating effects, or restoring normal functions under Chiropractic adjustment?

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CHAPTER 24

The Story Of STRAY THOUGHTS ON CHIROPRACTIC AND THE P.S.C.

Address Delivered at December, 1906, Graduation

By Shegetaro Morikubo

(THE CHIROPRACTOR, A Monthly Journal, Volume III, Nos. 1-2,
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lished by The Palmer School of Chiropractic.)

Professors, Students of The P.S.C., and Visitors:

Alexander the Great, at the end of his expedition to conquer the oriental empires, wept, thinking there were no more worlds to vanquish. A scientist might as well weep when he mastered the great domains of Chiropractic, for there is no other science worth surmounting when Chiropractic is one of his possessions. We are not so small, however, as was this warrior. We are pioneers of that great and benevolent philosophy which controls the destinies of human thought, life, and death. If tears are shed tonight, it will be for joy—not disappointment—which foretells the good will and happiness of the inhabitants upon the earth.

The land being conquered, our next move is to build cities or reason; drain foul marshes filled with poisonous drugs; pull, by the roots, the ugly weeds of medical tyranny and intolerance; erect lighthouses to illumine the darkness of medical and Osteopathic superstition; and build colleges where common sense will be taught to those who believe that philosophy, not superstition, to the human race is the physician's spoon or druggist's mallet and bowl.

We must build infirmaries where the sick and suffering are not tortured by being compelled to swallow poisons that kill life; where they are not forced to subject themselves to sharp-edged knives thrust into their quivering flesh; where morality will not be at its lowest ebb and sacredness of sex is ridiculed and played with in the hands of those who are licensed to violate every law of common decency. We will build places where the sick and

deprived of reason, and all those whose powers of life are diminished because of some disease, will be made well without sacrifice, either mental agony or physical pains.

These thoughts had not reached my conception until comparatively recent date. Not until I had thoroly digested the philosophy of Chiropractic did I awaken to its magnitude and breadth. I was disappointed, I must confess, when I first came to The Palmer School. The lecture hall was not resplendent with dazzling beauty; it occupied only one cellar room with poor ventilation, and a few dried up skeletons of some sinners who submitted themselves to the infallible wisdom of allopathic sages.

Instead of finding Plato-like personages as my professors, there was one elderly gentleman with rather old-fashioned gray beard, and one young man who is not strikingly handsome. For some time their lectures sounded like so much "twaddle". All was chaos. But lo! Gradually a feeble light appeared in the far distance. Later it became brighter, illuminating nearer and farther, and behold! I discovered Chiropractic in all its depth and true significance.

Ever since, the lectures became great feasts to my intellect and heart. The cellar room was converted into a Plato's academy where this great philosophy was taught, and the younger man's homely nose appeared like that of Socrates. At no other time in my past life had my intellect been so stimulated as it has been in The Palmer School. I have been under instructions of some of the ablest men, both oriental and occidental, in philosophy, but none of them gave such impetus to my understanding as The Palmers, son and father.

They have pointed me the way leading to the realm of thought, to the mysterious workings of Innate, and to the solution of the most obstruse philosophical problems of all ages — the relation of mind and body. Think of the great doctrine as taught by Dr. Palmer, embracing the empires of theology, metaphysics, science of the body and art of adjusting its physical causes.

Our future is full of labor. Chiropractors are the first sowers of seed in the field of the millennium, where superstitious and selfish weeds no longer are allowed to grow; but the fertile field where beautiful blossoms of wisdom bloom; where songs of joy,

health and prosperity vibrate upon the balmy air. The future of the Chiropractor is, indeed, glorious, but his responsibilities are proportionately great.

Greatness, no matter where found, is vague and confusing at first glance — a colossal proportion — is larger than the eye can behold. The greatness of Chiropractic can only be realized when its stupendous proportion is minutely scrutinized. Like the horizon, Chiropractic shows limitation when the vision is incapable of seeing farther. As you approach the first point where you thought heaven touched the earth, it vanishes; so likewise, what may seem a limitation to Chiropractic is but an imaginary visible horizon because of our inability to perceive greater.

To my knowledge, it is The Palmer School only where pure and unadulterated Chiropractic is taught. I now realize why the discoverer and his son emphasize the thought that every Chiropractor should practice pure and unadulterated Chiropractic. First, because this philosophy, when thoroly learned, is sufficient to stand on its merits. The science that possesses THE knowledge of cause of disease, regardless of character, needs no adjuncts. Secondly, the salvation to the species of living things is a continuance of its purity. Grafting of one species to another may please the fantasy and whims of our lighter nature; but sublimity and beauty are productions of singleness and purity. The future growth of Chiropractic depends upon the preservation of its original cleanliness. The sublime climax of this science will attain its glorious height and splendor only when its followers remain unsullied in their scientific thoughts and art of applying it — adjustments.

With a knowledge of my duty as an advocate of this great science, comes a realization of the magnitude of my debt toward suffering humanity. It is my duty to promote my moral and intellectual integrity, to be sincere in purpose, and have rectitude of character worthy of a lover and worshiper of Chiropractic.

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CHAPTER 25

The Story Of WHAT I DON'T KNOW ABOUT CHIROPRACTIC

By "Uncle Howard" Nutting

(THE CHIROPRACTOR, A Monthly Publication, Volume III, No. 4,
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School of Chiropractic.)

I have not the slightest idea what subjects you wish me to express, much less what you expect me to say. If you desire that I tell you what I KNOW about Chiropractic, and I am well aware that this subject is uppermost in your minds, I can express it in three short words: "It is it." If you are listening for me to tell what I do not know of this science, that is another proposition, and I venture that there is not a person in this lecture room, not excepting your learned teacher who probably is as well versed on this subject as anyone in the world, who can tell what he or she does not know of Chiropractic in a week by glibly talking ten hours a day.

You are acquainted with the basic principles of this science and it may seem that there is little more to learn, but let us reason and consider that you are yet on the back pages of the primer. Comparatively speaking, you are able to spell and pronounce words of one or two syllables and, like a child, thus far advanced, are able to carry on quite a conversation and convey ideas, in words, sufficient for his needs; so you, by the knowledge you have acquired, are able to relieve a vast amount of suffering and perform many wonderful deeds.

I am aware and pleased to note that the science has made great advancement in the last two or three years, but to the outsider, such as I, it seems clear that you are yet far from the apex of knowledge of the greatest and most wonderful science. It is probable that you are farther advanced than the public has knowledge of; if so, what I say will be received with smiles and derision. But if I am behind in your advancement, what must

be the status of the public, who have never heard a lecture or investigated the subject at all?

Let us see where we are at. Can you analyze the cable of nerves issuing from the spine thru one foramen of the vertebral column? Have you the ability to show by a diagram, where in each cable of nerves are located the different systems, viz., motor, sensory, calorific, and all other strands? Can you tell by the character of a subluxation WHICH system is impinged, without tracing from the diseased condition at the extremity of those nerve fibres? Will you explain, by examination of the atlas, whether or not the individual is insane; and, if so, what part of the brain is an abnormal condition, thereby proclaiming what line of thought is irrational?

Can you successfully determine, by examination, of any subluxation, the nature or stage of condition existing at the termination of nerve fibres passing through the foramina at this point? Can you, to a certainty, determine by examination of the vertebral column, whether or not the subject is suffering from tetanus without other evidence? Can you successfully demonstrate by examination of the vertebral column whether or not the subject is suffering pain, or locate the part diseased solely by this? Can you read the vertebral column like a book, locating in each and every instance the diseased conditions, where located, and the stage of these conditions?

Would you undertake such a task and swear by it in any single instance in any one of the many cables of nerves issuing from any one of the foramina? Can you explain why swine are subject to all diseased conditions of the human family except those of the stomach, which is unknown?

If your answer to these is "yes", you are further advanced than the public gives you credit for, and no time should be lost in proclaiming that you DO know and CAN successfully determine conditions as mentioned.

If you answer "no", then it is necessary for you to burn midnight oil and lie awake nights until you CAN prove them —
BY THE SCIENCE OF CHIROPRACTIC.

You can pose as a professor of Chiropractic when you are able to analyze each and every cable of nerves as they issue from

the spine so that you may determine, unfailingly, by the subluxation, right or left lateral, or posterior, what particular set of nerves is impinged, and determine then and there the diseased condition, where located; the nature and stage of the condition without further evidence.

You will discover nerve fibres that send impressions to the brain of taste, smell, sight, and sound, so that by vertebral examination, blindfolded, you may state at once whether the subject is defective in any or all of these senses and which one or more, without questioning or diagnosing symptoms. You will be so proficient as to keep the growth of the hair on the head in a natural and normal condition and by adjusting of proper character, grow hair on the bald pate and beard on a smooth face, and will, by careful and persistent study of the two nervous systems, show why the male is favored with a beard to hide his homely face, and the female is deprived of it so as not to hide her beauty; why one scalp is clothed with silken tresses and another is scantily clothed with hair of abnormal texture. You will determine these, not by symptoms or visible means, but by examination of the vertebral column.

Drop the attempt to name symptoms which are never alike in different persons. When asked the condition of my neighbor, who is suffering from some abnormal condition, I want to be able to answer correctly, in a way which cannot be misunderstood. Symptoms may have as many names as professors diagnosing the case. When I answer: "My neighbor is suffering from nervous prostration," what does it explain? Nothing but that he is sick. Should I answer, "He has rheumatism," it implies nothing, but that he is in pain. If I reply, "He has cancer," it only tells that he has an ugly sore. Let us be done with this quibbling.

When any of my family or neighbors is in abnormal condition, I want to know what and where the cause is — not the symptoms. Then I can answer intelligently — a left lateral subluxation, where existing causes are. Give the cause and location in plain English. I want the world so conversant with Chiropractic that they will, by the answer given, be able to determine the location of distress or excessive heat as quickly as they would if I informed them that my neighbor had sprained the left ankle or broken his right arm.

When you reach this elevation in the science of Chiropractic, you will be able to convince the most skeptical and prejudiced mortal that CHIROPRACTIC IS A SCIENCE and can be successfully demonstrated. As fast as you discover that a certain impingement produces a specific diseased condition, to a certainty, tell it to the world and back it up with your reputation that such a disease never is or could exist without this subluxation.

You are now competent to trace the cause of any condition from effects; then you will unhesitatingly foretell effects from existing cause. But as long as you undertake to name symptoms and then trace cause you are following the old fashioned and primitive stage coach in which are comfortably lounging the M.D's who are contented and satisfied that they have the only mode of traveling on the road to health, as is proved to them by others following their wake and naming symptoms, which convey to the reasoning mind, nothing.

. Turn out and go by this lumbering and uncouth vehicle. Lay out a new trail. You have no business on this thoroughfare. The right of way has been granted, not by the people but by statutes instituted in their behalf for guarding the public health. Open a new road, cut down the mammoth trees of prejudice. Clear away the undergrowth of ignorance. Lay your rails of truth on the solid ties of CAUSE. Let every rail show the effect of the ties on which it rests, so that the whole line can be read like an interesting book from atlas to sacrum. Equip this line with modern coaches of Chiropractic philosophy and your stations will be thronged with tourists who will procure through tickets—will not ask for stop-over privileges, and the grass and weeds will grow in rank profusion, where now winds slowly along the old leather spring coach driven by that wornout quartet—Julep and Calomel in the wheel, and Quinine and Lancet in the lead, which are goaded on under the lashes of Bluff and Superstition, and is conveying to doom the unwilling but coerced slaves inside, chaperoned by a self-styled master, protected by law.

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CHAPTER 26

The Story Of THE HISTORY OF CHIROPRACTIC

By Howard Nutting

(THE CHIROPRACTOR, A Monthly Journal, Volume III, No. 11,
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Palmer School of Chiropractic.)

Every one of you knows the history of Chiropractic. It was discovered by Dr. D. D. Palmer and developed into a science by B. J. Palmer, his son.

What more is there for me to say? All I can possibly do is to relate the UNWRITTEN history. How, after the discovery by D. D. Palmer, who had been practicing magnetic healing, it was looked upon by the public as a fake, a subterfuge, a talking point, if you please, whereby the doctor, by claiming to discover something NEW, could help his business financially. They knew not what it consisted of; did not know those of his patients, what he did. How the few personal friends of the doctor here in the city undertook to prove to the public that the discovery of Chiropractic was a wonder, and that under Chiropractic adjustments miracles were performed; how they were met with scoffs and sneers; how they were ostracized from the society of their friends and were called cranks and fools for being the tools used by Dr. Palmer to further his own personal prosperity. They were not bound by the chains of the monopoly. They were free and independent. They owed no doctor bills and cared little or naught for their sneering and abuse. They wavered not one whit from their course not to benefit Dr. Palmer nor for hope of reward or fear of punishment. They did and are doing it still for the benefit of suffering humanity.

They were handicapped at the start from the fact that "Dr. D.D." did not explain or demonstrate anything pertaining to Chiropractic. *He deemed it advisable to keep the secret to himself, lest some one would rob him of his glory. It seems strange to us now that he did at that time take such a stand; but you must recollect that Chiropractic as discovered and developed on*

that day, was as compared to the science of Chiropractic of today, as the stage coach is compared with the Pullman palace car. He thought it possible and more than probable that almost any one, particularly a medical practitioner, could give an adjustment as well as he — if they saw the act once performed.

So time wore on with seasons of successful adjustments. At that time, two or three unsuccessful cases would have upset the reputation gained by two or three months of success.

Dr. D. D. Palmer could not successfully determine this essential point, i.e., at what stage of diseased conditions a pinched nerve would fail to revive and perform its natural and normal function.

Let me illustrate: We find a man being choked by another. One will give the victim a shower bath of warm water; another applies a mustard plaster; the third gives a hypodermic injection — but still the man chokes. The Chiropractor grabs the assailant by the nape of the neck and seat of the pants and throws him in the creek. Very well, the cause is removed; but will he recover — has he been strangled so long that he cannot be resuscitated? A nerve can be under pressure so long or severe that adjustments will not restore the nerve to its normal condition. Dr. D. D. Palmer did not know this, and so he made some failures. Now the condition is determined upon examination and such patients are told that they can or cannot receive their normal condition and the Chiropractor is thought to be a person who KNOWS something.

It has always been strange to me why all of these new discoveries were made at exactly the proper time when the conditions demanded them. There must be back and behind all an unseen power which you may call Innate Intelligence that prompts all actions. When the old world became so densely populated that it became crowded, this power prompted Christopher Columbus to seek a new world across the then tractless sea, for the overflow of the human family.

This same agent was manifest when it became necessary to flash intelligence across the continents, and Franklin and Morse were given this mission to perform. When it became necessary for rapid transportation of food products, young Watt was stopped at his mother's kitchen and tried to hold the cover on his

mother's tea kettle, thus was the power of steam discovered. So after years of various methods of relieving pain and distress by sacrifices, burning oils and chemicals, prayers and incantations, herb teas, drawing the life's blood, administering vegetable and mineral poisons into the stomach, the human faculty becoming weaker and weaker, superstition and prejudice practically obliterated, the season was ripe, and to Dr. D. D. Palmer was given the mission of discovering the cause of diseased conditions, and to start a crusade in the interest of humanity. But like Columbus, Franklin, and Watt, he seemed satisfied with the glory of the discovery; and as is always the case with new discoveries and inventions, some one else has to develop. So in this case, when Dr. D.D. laid down the burden because it had gotten too heavy for him to carry, a stripling of a boy took up the load and said to these friends of his father, "Now boys if you will give me the aid you tried to give D.D., we will demonstrate to the world that Chiropractic is a science"; and made it so plain that any man, though a fool, cannot err therein. "I will tell you all the basic principles of Chiropractic so you can discuss the subject with any you may come in contact with, even a medical doctor, successfully."

How well he has succeeded, you all know. He has kept steadily on, night and day, until now behold Chiropractic in the fullness of its glory. No longer looked upon by the public as a fake, it stalks boldly forth over land from ocean to ocean; yet, into far distant lands across the seas, strewing wreaths of flowers a wealth of sunshine along its path, a hope to the afflicted, new life to the paralytic, and a glamour of light in the darkened chamber of death. The sun in its mission of furnishing heat and light to the earth ever shines upon some Chiropractor.

The public now fear it as some unconquerable giant. Why? Only lest it deprive some of themselves or friends of the pecuniary benefit derived from administering or dispensing drugs and poisons. They would sacrifice the life of themselves, family, or friends, rather than gain the enmity of the drug dispenser or the medical doctor — strange as it may seem to you. I have known instances where they have, under the aid of a law, lobbied through the legislatures by a certain school of practitioners, protected themselves in using a prescribed method for relieving pain, which they think cannot, and which if they can prevent

will not, be improved. You may live or die but you must follow the path they have marked out. Why is this law allowed to stand on our statute books by a Christianized and God-fearing people? Is it for the purpose of alleviating pain and suffering? Oh no! It is for the purpose of defending and protecting those who are engaged in the business of administering and dispensing poison and are clothed with the lawful power of using the instruments of torture, lancet, knife, and are willing to sacrifice anything and everything no matter how cruel — their business must be protected at all hazards. How long will the people tolerate these indignities? Only so long as they can be blinded. How can this yoke be thrown off? Only by demonstrating Chiropractic.

I hope to live to see the day when any one sticks a knife into a human being, he or she will be amenable to the criminal law, whether he or she has a diploma from a medical college or not; when everyone who administers poison to another shall suffer the same penalty, whether it is done behind a 6 x 8 diploma from a medical school, or with murderous intent by a jealous or insane crank, or for a fee regulated by law, or for the mere desire of revenge.

(THE CHIROPRACTOR, A Monthly Journal, Volume III, No. 11, October, 1907 — FORTY-FOUR YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 27

The Story Of U.C.A. — WHAT?

By "Uncle Howard" Nutting

(THE CHIROPRACTOR, A Monthly Journal, Volume IV, Nos. 7-8,
August-September, 1908 — FORTY-THREE YEARS AGO. Pub-
lished by The Palmer School of Chiropractic.)

Ladies and Gentlemen of the Universal Chiropractors Association:

Not an Iowa association, not a national association, but a universal association — the name implying that your association covers the universe — U.C.A.

U.C.A. what? First, you see before you a friend of Chiropractic, one who is for Chiropractic first, last, and all the time. I have watched closely every step of its advancement. At first, for a year or two, I could keep up easily, but long since I have been watching it from afar. It now goes too fast a clip for me, and I am content to get an occasional glimpse of its growth and development, when, through its evolutions, it occasionally comes near, as on an occasion of this kind.

U.C.A. field — the universe which must be sown with Chiropractic seed. To you it is given to prepare the soil and sow the seed; perhaps only a little patch here is prepared and sown, and then another; soon dotted here and there may be an oasis in the desert of prejudice and envy. Gradually these fertile spots will enlarge until, in the distant future, there will be one vast expanse of golden grain, the result of YOUR efforts.

U.C.A. mountain of "difficulty" rising up before you. You imagine that these rocks and this wildness of woodland can never be subdued and be made tillable. You halt and cast a longing glance behind, and regret you had undertaken the task, but as you look back the Chiropractic boys are coming and you will be pushed forward whether you will or not, and what happens? This mountain of rocks and trees proves to be a myth, a mirage

which vanishes as you approach; and there before you you see a beautiful valley ready for the brains and brawn of the Chiropractor.

U.C.A. vast amount of labor to be accomplished, but you and your association do not shirk. Your motto is "remove the cause," and so you press on each and every subluxation you encounter, and results follow with less exertion than you anticipated.

U.C.A. discouraging outlook, and you feel that the reward is scarcely commensurate with your exertions when you are in despair and all the future seems dark. Turn back the pages of the history of Chiropractic ten or twelve years, and there and then U.C.A. boy (now "Dr. B.J.") a mere stripling not yet out of his teens, left with a "theory", deserted by his father, no friend on earth, no one with whom to counsel, not even a gentle mother's hand to caress his throbbing head. Not a person on earth who COULD, no matter how much he desired, vouchsafe him one ray of light in the development of this theory that subluxations of the spine are the cause of diseased conditions. Then imagine yourself in his place for but one moment, and you will thank your stars that you are a member of the U.C.A., with faithful brothers and sisters ready to give you any and all aid at their command. And, again, U.C.A. professor, in place of that boy, who has changed the theory to a science, and from a science to a philosophy, and did it alone.

U.C.A. man whose fame is measured by the lives he has saved, the pain and suffering his efforts have relieved, exceeded by no mortal man on this earth today.

U.C.A. generation come and go, great men for a day or a generation, and then forgotten, their places filled by others who may do equally as well or better than their predecessors; but in this case U.C.A. man who has filled the one place, the work is being developed, and others can learn what he accomplished, can perform only what he has planned, and his name will always be the household word down thru the vista of time.

U.C.A. thousand years hence, aged sires with heads of white, telling the children of this boy who not only found the cause of disease but told the world how to remove it.

U.C.A. convention here assembled. Your mission is to alleviate human suffering. Your deliberations here no doubt will produce

great good, not only to yourselves but to the generations yet to come, to millions yet unborn. "Embrace every opportunity" for the advancement of Chiropractic; with courage delve deeper and deeper into the intricacies of science, and the time will come when any diseased condition will yield to the magic touch of the Chiropractor, and all the world will worship at your shrine.

U.C.A. beautiful city here, with all the natural resources needful to the making of a populous center, but there is no place on earth where there is more need of Chiropractic seed than in Davenport. All over the city are evidences of ignorance as to causes of disease, hospitals where patients are deprived of essential organs of the body in hope to keep them alive. Think of it—blue glass rooms to cure insanity and tuberculosis! Yes, in this city which ranks first in the commonwealth of Iowa in many respects there is today in process of construction a house or room of Blue Glass. "Truth is stranger than fiction."

U.C.A. school of Chiropractic, The P.S.C., fully equipped with all the paraphernalia necessary for the proper teaching of this wonderful science, with a principal and corps of teachers far superior to any such school in existence. The P.S.C., centrally located, is a shining light in the midst of darkness and despair. Day by day the rays penetrate farther and farther into the gloom; it is a lighthouse guiding the invalid mariner into a haven of health.

I trust that your stay in our city may be both pleasant and profitable, and that when you conclude the business for which you are here convened and the convention adjourns you will carry to your homes naught but pleasant recollections of the time spent here, and that you will always bear in mind that "Uncle Howard" extends to you all a hearty God-speed, and bids you to draw on him at sight for any aid he is able to render you in the upbuilding of the science of Chiropractic.

(THE CHIROPRACTOR, A Monthly Journal, Volume IV, Nos. 7-8, August-September, 1908—FORTY-THREE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 28

The Story Of

A LITTLE CHAT WITH THE BOYS

(THE CHIROPRACTOR, A Monthly Journal, Volume V, No. 3,
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School of Chiropractic.)

Sometimes it does a fellow good to know what other people think about him. It may be complimentary or it may be critical, but it sort of gives one a chance to stand on the sidelines for a few minutes and watch himself play the game.

Just as we are issuing a magazine for the benefit of Chiropractors, so we are running a school for the benefit of students. We don't mean that this is a philanthropic institution, because it isn't, but we recognize the fact that the surest way for us to succeed is to supply the needs of every Chiropractor, and especially of our own students. Altruism is selfishness.

The other day we asked our students to give us an expression of their opinions and desires in regard to the School. We asked them to be frank, sparing no just criticism and weighing their words carefully. If any one had an idea he needed to get out of his system, we invited him to present it. We received a varied assortment of communications. On the whole, the letters were commendatory. You may be interested in reading two of them:

Having known Dr. B. J. Palmer longer than any student in his present class, I feel privileged to go back six or seven years to the time when he was nineteen or twenty years of age and tell something of his growth as I have observed him, for I am watching him grow.

I have a letter which he wrote to me some six or seven years ago when he did not write so good a letter as he does at present. In this letter he was defending Chiropractic. His pet had been condemned and in his defense we saw the impulsive boy whom we are watching grow into an earnest man.

My next observation was when he was called to our house where my sister was very sick. He had been called on Saturday evening by telegram, and he arrived at 2:30 p.m. on Sunday. That was before the existence of the suit case adjusting table, and an ironing board with some pillows and two chairs were transformed into an adjusting table. After supper the doctor lit a cigar and went out on the lawn. He stretched himself out on

the grass, his elbow raised and his head resting in his hand. As I think of him now, I know that his Innate enjoyed that lawn while his Educated was enjoying the acres of pasture land before him, the canopy of blue sky above and the shadows made by the setting sun. During the evening he examined the backs of a number of our family, mine among them and he gave me the credit of having a back like a wash board.

My next observation was some months later when he and some of his friends came to our house to spend Thanksgiving. I was not at home at the time and I have the following in a letter from my mother. They expected to remain till Monday. On Saturday or Sunday eve (I have forgotten which) the doctor received word that his father was coming from Los Angeles to Davenport. He felt that it was necessary for him to go home at once, so he got busy at the telephone. He called up Iowa City and asked some railroad official to order a fast train to stop for him at South Amana. Because of his earnestness his request was granted, and my brother drove him seven miles to meet that midnight train. We were glad to help further the interests of one so much in earnest. When his father arrived, Dr. B. J. Palmer was at The P.S.C. ready to defend its interests.

My next observation was in July and August of 1906. I spent one month in Davenport, taking adjustments. The class room at that time was in the little west room in the basement. To reach the room the students passed thru the west window of the adjusting room on the first floor, then down some steps at the north side of the building. I visited the class some two or three times and during one of my visits I heard considerable use of a word which was foreign to my vocabulary. I asked Dr. Palmer if he would allow a visitor to ask a question. Permission was granted, and I asked for an explanation of the word "Innate." He referred the question to John J. A. Howard, a student, who explained it very satisfactorily.

In the summer of 1907, I wended my way back to The P.S.C. for more adjustments. Dr. Palmer thought it was time for me to take up the work. I pleaded lack of time. I had sewing to do for myself. He said, "Oh let the other fellow do the sewing. Don't waste a ten dollar brain on a one dollar job." I was not so sure of the ten dollar brain, but I finally decided to become a student and the other fellow "did the sewing." The number of students had increased and as more room was needed the school room paraphernalia had been moved from the west room of the basement to the east room. The osteological specimens were placed in the west room. I spent two months in that east room absorbing Chiropractic philosophy. When the doctor came home from the LaCrosse trial he had the rudiment of a cycle to give us, as follows: "Innate Intelligence

mental
mind
mentality
brain
brain impulse thru physical means."

About September 1, 1907, I was ill, in Rawlins. I wrote to Dr. Palmer about it. He received my letter on Friday morning. *On Friday night he gave*

me an absent adjustment. I was suffering intensely Friday evening and Saturday morning I was well. The absent adjustment phase of Chiropractic proved unpopular with the masses, so it was put away to be brought out at some future date. After an absence of one year from The P.S.C., I returned September 1, 1908. On my return I found that during my year's absence the doctor's growth had been phenomenal. The mere system and the cycles have been worked out and a wonderful change had taken place in the doctor. I dare not attempt to describe this. It is something that I can only feel and cannot attempt to put into words.

As to suggestions for the improvement of the school—I believe that conditions will demand improvements and improvements will rectify conditions. In other words, The P.S.C. is growing and will continue to grow.

Euphenia Z. Murchison.

It occurred to me last week, after hearing the letters of appreciation that are constantly being sent in from the Chiropractors from all schools, that we as students need not leave the school before expressing our feelings of gratitude for the efforts made by The P.S.C. in bringing every student up to the very highest standard possible. It is but giving the flowers while we are living.

Since coming five months ago, there has been a constant development which is according to the laws of nature, an unfoldment, the law of evolution.

The energies of our worthy leader, Dr. B.J., in all the activities of our school life, lend impetus and inspiration, for no one works with such a consciousness of the future of this great science and at the same time with a greater conviction of the merits when applied with the skill of a competent Chiropractor. Every one is impressed with his sincerity. He surely believes in his goods as being sufficient to adjust the cause of any abnormality or so-called disease.

The school stands today as a striking illustration of the genius of its leader, as well as to the conclusive validity and importance of the philosophy, science and art of Chiropractic as it has been developed by this same wiry, energetic, ambitious, humanitarian philosopher.

To say that he is giving his life for the advancement of pure and unadulterated Chiropractic is but telling the truth. He performs daily a herculean task, beginning in the quiet hour of two a.m., in order to be talking to his silent partner, Innate Intelligence, to whom he is a willing listener and pupil. Might we not discover the secret of this "in the quiet hour with Universal Intelligence?"

This concentrated effort accounts for the marvelous increase in influx of students, which gives promise of making his ambition a realization, i.e., of having one thousand students in 1915.

T. W. Martindale.

(THE CHIROPRACTOR, A Monthly Journal, Volume V, No. 3,
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CHAPTER 29

The Story Of CHIROPRACTIC

(Reported for Chicago University Bulletin)

(THE CHIROPRACTOR, A Monthly Journal, Volume V, No. 4,
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School of Chiropractic.)

Before introducing the speaker of the evening, Dr. Rogers, the Dean (The National Medical University), addressed the students assembled as follows:

There was a time in the history of the world when the men who did not entertain the same belief as that of the majority of their neighbors were burned at the stake. Christ himself was crucified because he taught doctrines at variance with the belief of the Jews. Once upon a time men were persecuted because they thought the world was round — not flat, as was the common belief. Galileo was condemned by the inquisition because he believed in the Copernican system, a doctrine now commonly accepted by present-day astronomers.

I can remember how the religious world was shocked when Henry Ward Beecher, one of the greatest pulpit orators, announced his disbelief in hell fire and brimstone, and how universally he was condemned. I can also recall the time when Chicago's great preacher, Rev. David Swing, was denounced and expelled from his denomination because he taught liberal doctrines now generally accepted.

Advanced thinkers in medicine as well as in religion have always met with violent opposition. In fact, every man who has promulgated a new system of medicine has met with persecution and hardship. Hahnemann, the founder of homeopathy, was ostracized and literally driven from his native country. Thompson, the founder of physiomedicalism, was imprisoned. MacDowell, who performed the first ovariectomy, barely escaped being lynched by his neighboring physicians because he had dared to do something in advance of the surgery of his day.

The men who first used psycho-therapy were considered quacks. There was a time when no ethical doctor would employ electricity in medicine; he left that method of treatment to the quacks. Only a few years ago osteopathy was considered a flagrant form of quackery; and in some mossback quarters it is still so regarded, notwithstanding the majority of states in the union have given it official recognition. Christian Science is considered by the great majority of the profession as the veriest "rot", but Mrs. Eddy has taught the medical world a great lesson and has done a vast amount of good. The Emmanuel movement, which is at present attracting considerable attention, may be regarded as an outgrowth.

Some weeks ago I met a gentleman who has been developing a new system of treatment. I have not yet reached an opinion as to its merits or demerits. I am of the impression, however, that the gentleman is an honest student and an original investigator. I invited him to deliver a lecture for your benefit. He at first declined, saying his ideas were so radical and so foreign to the commonly accepted views in the treatment of disease that he would probably be hooted out by our students, and in the end it would do our school no good. I replied that our students were not of the narrow-minded type, that when they matriculated they assumed the attitude of jurors and would not make up their minds as to the best method of treatment until the end of four years, when they had learned all the methods of treatment and impartially heard all of the evidence in favor of each method. If the gentleman who has now consented to unfold to you his system of treatment tonight has something of value, it is our duty as managers of a liberal progressive school, to give you the benefit. If he has nothing new, if he is in error, you will still have food for reflection, and will be beneficiaries. Wipe out the liberal policy of this school, and it has no claim for its existence. There is a superabundance of medical colleges to teach the old methods of treatment, but ours is the only one that professes to and does teach all methods without partiality or prejudice. In this respect we have been pioneers, and consequently have experienced, figuratively speaking, some of the hardships and isolations of pioneer life. More than once the Indians attempted to scalp us, and would gladly have burned us at the stake. Although we have been forced to "tread the hot sands" in more ways than

one, nevertheless, an overruling Providence has kindly protected us in our efforts to liberalize and advance medical education. You students do not know of how much advantage this panpathic course in therapeutics will be to you until you have been in practice a few years. The day will come when you will look around you and will wonder why so many others fail in practice and you succeed. It will then dawn upon your minds that it is due to your liberal training in therapeutics and you will say to yourself: "It would have been cheap had I paid ten times as much for the training I received at the National."

Dr. Palmer then said in substance:

No standard definition of electricity is in print today. Edison has not yet defined it, yet it does exist. It is a condition recognized and dealt with as one of the most important factors being utilized for commercial purposes. No one would dispute its existence; to do so would be to be branded as insane. "Nature," "instinct," "subconscious mind," etc., exist in all therapeutical ranks about which we have no established knowledge, nor has any one established their identities or realized where and what they are.

My work, in past years, has been to prove that there are these things; that they are most important factors in life and are as essential to life as electricity to business; that man could not get along without his "nature" any more than a motor could run without electricity. The dynamo concentrates foruns (force units) and makes electricity. The wire transmits that concentrated material, and the motor receives it. Efferently this is true, but afferently we have the return wire from the motor to the dynamo; electricity travels in "circuits." To break the circuit is to induce absolute death in machinery.

Man has a brain (dynamo); he has nerves (wires) and tissue cells (motors). His brain gathers foruns (force units) and sends them forth into nerves which transmit them to tissue cells where they are expressed. Thus we have currents of mental impulses, constantly travelling from the brain of man to his every tissue cell.

Electrical things are unconscious. Everything man does, externally or internally, is guided by consciousness. This necessitates the division of his mental faculties into two factors—a

conscious mind and a SUPER-conscious one (innate intelligence). To prove this meant to think originally into ways and means. Actual work and analyzation has proven that every tissue cell is in direct and personal contact with every brain cell; that there are two fibers, one efferent and one afferent, which are carrying direct currents in both directions, from every brain cell to every tissue cell. Fibers were traced through ganglia and plexuses where before they were supposed to end or begin. These bundles of nerve fibrillae leave the magnum foramen, pass into the spinal cord, and have exit by way of intervertebral foramina, where subluxation of vertebra interferes with the lumen of nerves, interfering with the transmission of these currents. Hence vertebral subluxation represents the cause of lack of current at the periphery of nerve fibres, a condition called disease. These nerves distribute superficially and deeply into zones, which system is called the meric system.

Thus has this systematic study of Chiropractic analyzed man into sections, bringing every possible phase of the study and correction of the cause of every disease down to scientific deductions. Disease need no longer be a mystery. To adjust a subluxation is to turn on the current, and health is as easily returned as electricity is restored when the switch button is turned on.

Man is a dynamic intelligent power making machine and if all the power were being expressed that was being made, healthy man would be the inevitable product.

The Chiropractor adjusts these vertebral subluxations; thus does power flow freely to all tissue cells from the human dynamo, and health of all kinds is restored.

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CHAPTER 30

The Story Of IS EACH HUMAN BODY AN INTELLIGENT UNIT or A UNIT DEPENDING UPON INTELLIGENCE OF SOME OTHER?

(THE CHIROPRACTOR, A Monthly Journal, Volume V, No. 4,
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School of Chiropractic.)

It is only by analytical and synthetical comparison with simpler objects that we sometimes can be made to see the folly of our ways in dealing with each other. Many conclusions are reached regarding man's makeup and his running which we would not think of doing with any other organized form. Is he so different that such is necessary? Laws of growth and evolution everywhere and in everything are based around ONE fundamental. One universal law governs all. All are in different stages of evolution and while man is more advanced than vegetables, this does not modify the original element that Unital laws produce Unital objects.

On the blackboard, we will draw two rose bushes. Further on, we will draw two oak trees, two cabbage plants, two stalks of corn, etc. Each rose bush grew from a seed, each oak tree grew from an acorn, each cabbage head was the product of the growth from a single cabbage seed, and each corn stalk grew from the expansion that followed from one corn kernel. We plant one seed, regardless of kind; we keep the earth warm and moist. Soon we notice first expansion of sprouts above the ground and equivalent prolongations continue below the ground. Proportionately as it comes up, so does it go down; thus does the process keep up in each seed planted until we have the fully matured plant. The process may take 10 years, 100 years, or a few hours to complete its existence.

In our illustration we have planted two of each kind, altho many feet apart; not that one was necessary to the individual expansion of the other plant. One could grow independently of the other. One did not demand or ask for power from the other, to grow. One could have grown just as handsome, perfect, and as prolific, even if the two were twenty or one hundred miles apart. One would grow even if no others of like kind were within a radius of thousands of miles. We could bring a special seed from China, plant it in an American greenhouse, and it would grow. Why? After fertilization, the growth of that specific plant depends upon the unital expression of the universal law of nutrition which is expressed by and thru cycles that are independently made within that one unit structure, to adapt themselves to its every circumstance. What the circumstances of some other plant have been, are, or will be, is unknown to this and little does it need to care. Innate Intelligence growing this unit plant knows only its ONE plant; it does not know the other's details. Rose bush, acorn, and cabbage are unit plants capable of receiving unit impressions, interpreting them as unit portions, passing them thru every possible phase of every cycle without the intervention of another unit of like or opposite kind from another plant of different color or sex.

Does one plant tell its neighbor what kind of chemicals its roots should absorb to get the most nourishment therefrom? Because plants happen to look alike and are alike in general formation and products, that does not make the two one as a unit in compositions and adaptations; therefore the cycles would be different with varying forms to various places at distinct times and in multiple fluctuating quantities and qualities; therefore we ask is it possible for one bush to direct these things that are unknown thru the other? We say positively NO. All of this goes to show that we can plant a seed of a plant from Java, give it an equivalent temperature, and it will grow in Davenport, regardless of the fact that there is not another plant within the United States like it, which would or could equivalently know how to direct its functions. Cycles which grew that plant started and finished within that unit as it is. Those cycles were not dependent upon another plant in the neighborhood. No external assistance is necessary to permit it

to fulfill its duty. We have, then, settled the question of one plant of like kind forcing its intrusions upon another.

Do plants of other species control various functions; that is, does an oak tree direct the impulses that are passing thru the rose bush, or do the cabbage plant's impulses direct growth of the oak tree? It hardly seems possible, for many of these things grow many rods from the other. Each plant IS a unit and as such is nurtured by its cycles, especially made on the ground and for the occasion, and only the resident intelligence can tell how much or what kind that is. Instead of the plant being an independent unit it would become dependent if it were to follow the suggestions as laid down by another plant; to do so would soon be to lose its identity. If the oak tree were to tell the rose bush how to grow, it would be directed to do as only the oak tree knows how to do. The oak tree would suggest to the rose bush that it grow like it does, therefore the rose bush would soon blend into an oak tree. If the cabbage plant did the same to the corn stalk and this universal possibility of one plant directing the other to do as it did (because that is the only way that plant can reason and see things) then we are sure confusion would reign supreme.

Considering that we have some sixteen millions of growths in the vegetable kingdom, we would have more conglomeration inside of one year than would be possible for our mind to consider. If it were possible that one directed the other, it would cease to be "the law of suggestion"; it would be the law of absolute control, and in such instances suggestion would be of no avail and cast to one side. Control indicates complete knowledge, to suggest in the second object, suggests inability and weakness in the first form, which the suggestion aims to strengthen. To offer external strength to the plant is to suggest that the plant did grow incomplete and inaccurate, hence needed a pattern prop. Facts prove that the plant grows WITHOUT external assistance of the pattern type from any other plant. When matured it is perfect and suggestion does not, could not improve it. Things grow only as the cycle thots are made before the action takes place. The cycle thot is made as the function is or is not performed at the periphery, thus the thot is the product of the circumstantial evidence which has been interpreted and will be intellectually adapted to. The thot is made by the condition in-

side, not by what condition you may wish to have induced from the outside.

One plant notices debilitated, sickly condition of this plant, tells it so, and directs what ought to be done. This plant knew it was sick, knew when first cell got sick and has been doing the best it could, per internal intellectual adaptation with the cause still existing. One plant thot it knew much because it noticed that the other was not looking right, but the original plant knew it as soon as it occurred. The well plant knew the other was sick only as it observed thousands of cells had gone wrong. Sick plant knew when first incipient change took place. Which was wiser and more capable? Must the sick plant lie back on its oars, with its first cells, so to speak, and wait for action until others notice what is going wrong in the bulk first? Must the first do nothing until the second tells it when or how? Is each unit dependent upon the cycles to be given away by the other; if so, how will it give them?

We have justly considered the vegetable possibilities of one plant depending upon another, and we have shown that each plant is a unit and as such makes its own cycles and shows perfect capability of continuing to do so without the intervention of man or other vegetables.

We will erase the vegetable forms and replace them with two amoebae, two bacteria, two sheep, two cows, two horses, two monkeys, and two men. The amoeba is a small cellular growth. As small as it is, it shows organization in its makeup and intelligence in its actions. It shows discrimination between hot and cold, good and bad foods, etc. Is it necessary for it to be given a daily diet of suggestions from another amoeba to make "organization" and "intellectual actions" come to pass? All of the balance of the growths from the amoeba to man grew by the intellectually directed expansion of tissue cells. We all understand the progressive evolution facts, therefore it is necessary that every creature has a beginning from the amoebic form. We watch the implantation of both sex materials and then the expansion takes place. From the moment the male has deposited his elements he can as well hie to the other ends of the earth for all the good he will or can do towards assisting expansion either in the amoeba, bacteria, sheep, cow, horse, monkey, or man. In fact, without his

ever seeing the child or the other again, the child will continue to have uterine growth, be born, and live. The mother does not depend upon the father for the future life of that child. The father could go to another state and still the mother live in this. Once the child is born it could live in the third state under the protectorate of a third party. One cow could grow quite independent of the fact that there was not another within a radius of thousands of miles.

We refer you to the fiction of Robinson Crusoe. Whether or not this story is based on fact, such has occurred. Why? Because man is quite a unit. Every cell has been directed what to do, where to go, in just what quantity to go, in just what quality each must be, and at what speed to go—all of which is governed by that internal, inborn, the inherent Innate Intelligence. This man drew his power from a universal source. It came to him direct from that supply station. It was not necessary that one man get pre-digested foods from the other, for the digestion was one of his processes and functions. Each personal unit draws foruns from the same unlimited source, each man has a direct hold on an equal amount. If the amount which is utilized is below his standard, then something is wrong with him, not the man that gives them to him. To scold the giver is wrong; to adjust the inability of the receiver is the correct thing to do. Yet were we to believe that one man could not live without another, we would need concede that one man grasped and digested foruns for another and then gave them to him as pre-digested cycles because he was too sickly or was unable to do so himself. To admit such a basis is to ask where did the first man get his foruns. Was there a person that lived to suggest to him? If he suggested to himself, in other words if he WAS a unit, then why could not every subsequent man be likewise?

Any process of man, be it one cell or the whole of his evolution, is a unital one of the whole and develops quite independently of whether any other develops or not. The combined multiple individual unital processes united make one composite form. It is this distinctive feature action in each minute detail that is independent of any other that makes him the compiled unit he is. Thus multiples of cycles, in fact so varied, so multitudinous that we do not know how many, is what makes him the result of a grand unital complete cyclic system. The cycles started and

finished in him with our interpreted knowledge of their individual characteristics.

You are not willing to concede so broad a step at first, but let us consider what is necessary to grant your point. Your patient is sick; you know this because you see it on his face. He has been sick for two years. His body is run down. Many tissue cells are depleted, his digestion is poor, etc. To be of service you must understand the definite condition of every tissue cell in this man's body, or do you consider it vaguely in the lump? Can you so manufacture, direct, and control sufficient impulses in another man to go on their way to these tissue cells, to remodel what they have done to what YOU THINK they should do? Take one cycle — one brain cell, two fibers, and one tissue cell. Do you know the state of condition that cell is in? Can you explain its exact pathological chemical equations now, and what they normally should be? Can you tell the necessary quality and quantity of added or subtracted materials needed to bring it to normal? Can you absolutely rely upon your opinions as to what quantity of heat should be there? Can you think all these requisites and other attributes **SIMULTANEOUSLY** and get your mind to working so accurately that you can direct **CURRENTS** of impulses into one cell at one second and get harmony where before there was inharmony? If you can do this **IN THE OTHER MAN** by suggestion, then try it on yourself first. If you succeed there then it is time enough to direct the same in other bodies. Are you capable of doing this in self? Are you positive that your every cell is normal? **NO?** Then practice suggestion in self. After we grant that you have found this a task, in yourself, is it not more so in somebody else's body; for with your own you have the faculty of internal feeling which you cannot have in another, therefore you don't know only as you are told and see or hear. In your own body you have at least six senses to tell with; in the other man not more than five; and as he describes his condition to you it is in the bulk (systemic, organic, etc.) and does not give you detailed cellular, atomic, or protoplasmic information, and you cannot start to suggest how and what to do until you are posted on the condition of every cell in that body, for the intelligence must know how to equalize the dispensation of her materials so as to reach as near to an equilibrium as is possible.

Health is brought about as the result of the creation, transmission, and expression of a continuous stream of normal amounts of foruns passing thru nerves to tissue cells. To have health means to have normal cycles. Suppose one person is sick and another notices it. No. 2 suggests "you are not sick," but No. 1 knows he is. Finally, No. 2 again suggests "you are not sick; you must THINK pleasant things," and gives a few more suggestions. Facts are facts. How does No. 2 make any more cycles in No. 1 by that kind of talk? I believe that I could talk all day to a rose bush, even if my words were soothing and cooing, but even then I fear the plant would still be sick in spite of my coddling protestations or scoldings. Do mere words of suggestions make more cycles? If so, what is the process? Does the intelligence in one receive the impressions and then act upon them? Yes? Do the impressions from the external, by what No. 2 sees of No. 1, tell No. 2 anything that she did not already know? I think that the Innate mind of No. 2 knows more and better what condition its body is in than I, educationally, could tell No. 2 all its lifetime. If No. 2's Innate mind already knows what is wrong, then what is the use of No. 1's Educated mind telling No. 2 that it is sick or ought to be well? No. 2 already knows that and knew it weeks, months, or even years before No. 1 noticed even the slightest receding of normality. The educated mind of No. 1 reasons objectively; that of No. 2, subjectively. If you argue that No. 2's mind acts upon the suggestion, it is because that mind was a unit, has interpreted the suggestion the same as it would any other impression received from any other sense system, thru any other portion of the body, and in such an event we have shown that you are trying to appeal to the intelligence of that body. If so, that is the same intelligence which may argue you are wrong, and do the opposite to that which you suggested. You suggest to the body to get well and it continues to be sick. "My suggestion was o.k., but that mind did not get it right." Blame it on the other fellow. Don't give him credit for having any sense; at least, not as much as you have. That Innate mind is a unit and shows that it can tend to its business by not interfering with yours. You think your unit capable of directing the actions of yourself plus another. Your unital intelligence was made for you; give some of it to the other man and you suffer by the loss and then the mind of No. 2 tells

you your troubles, how to remedy them, and so the plot thickens simply because you have had in mind the humanitarian observation that you wanted to give a piece of your mind to another fellow.

To offer suggestions that would be of value would be to boldly give to the sick person COMPLETE NORMAL CYCLES he needs. To give him of your cycles means that you must give him a part of your body; for instance, a few brain cells, nerve and tissue cells, with their circulating forunic currents, for without all of these he could not have more cycles, he would not get any benefit from your suggestions. To "tell him what to do" is not to give him the transformed or interpreted power or cycles with which to do it. If he had the power, there would be the intelligence there to direct them and in that event would not need your suggestions. It is the man who is down and out that is not a normal unit that gets the kicks and blows; the suggestions, good, bad and indifferent; but if, instead of so much trifling with the imagination, you would line up his spine so that he could be a unit, mental and physical, you would find that suggestions were not necessary.

If suggestion be a necessary adjunct to the life of another object of like kind, then we must constantly keep at our elbows the suggestor. To follow this plan would be to see the world moving as one solid phalanx of forms for no one dare get away from his source of power — his substitute human power sub-station.

Has one rose bush to do with the growth in the other? No? If so, how could it have? Has one acorn any relation with another so far as actual material or immaterial connection is concerned, or will one have to do with the growth of the other, whether planted in the same foot space, same patch, or miles away? Will one cabbage bear its own burdens and then assist its neighbor and help him with its work? If so, the law of reciprocation would be in vogue. Is it a fact that one plant does help the other, or is each individual? With the two stalks of corn, would one fail to grow if the other were not there (I am not considering reproduction, but unital growth), or would one seed of corn bring forth its stalk quite independent of the fact that any other was present? You know the answer as well as I. It is so evident that discussion is unnecessary and yet sometimes the simplest

truths are overlooked in the attempt to get something big and great.

Consider two amoebae. Must one have the company of the other? It is true, all things were made to pair and exist in doubles, with an immediate third phase, but would one die without the other? Bacteria do multiply very fast when they get an opportunity to feed on something luscious, but would one die if his next door neighbor left, and would the last one die if there were not another within miles? To grant the value of suggestion from one animal or man to another of like kind is necessary, is to imply that if one dies then its mate dies for want of him, and so the chain continues until even Adam would die without Eve, and Eve would not have suggested to Adam for him to lose that one rib. Where the suggestion of losing that first rib had its start is not known; but I SUGGEST that has been the source of much trouble over suggestion ever since. Suppose only one sheep is on a farm. Does it live? Does it depend upon suggestions from any other sheep, to exist? If so there are none present. Suppose the only cow within a radius of ten miles is in the possession of one man. This occasionally happens. Will it consider a lingering death, waste away in body and soul, simply because another cow is not within seeing, calling, and talking distance? Does one horse depend upon advice from another to tell him what to do and how to do it? Must one horse tell the other, and the other tell the one, and those two tell others, and thus each horse become his neighbor's body keeper? Is this the rule of unital growth?

Consider two monkeys. Undoubtedly they do talk things over; they rehearse their little pieces, but what has all this to do with the internal cyclic growth? They may talk over, in their chattering way, the commonplace sights and events of external occurrences, such as an educated human mind is capable of observing and remembering; perhaps the clothes, the hair, dress, buildings, their forest homes, etc., will be considered; but frankly does one monkey tell the other when he should move his bowels? Does one male monkey tell the female monkey how she must build her offspring? Does one monkey advise her digestive apparatus how to digest food? Is it a fact that one monkey would not live

without the advice of others? Then how is it possible for so many single caged monkeys to live without other monkeys ever seeing them for years?

Refer to the genus homo — man. He is supposed to be a walking delegate of the greatest unit organization — Innate Intelligence. He is supposed to be a product of one intelligence greater than his own. We have admitted he was a unit; that he could and would grow alone, without other mates; that he was a separate product, that he did not depend upon the associations or relations of anybody else to run him. Does it look right, is it right, or is it possible for one man, by suggestions to another, to so equalize the juices in another's liver? Is it possible for a stranger, after consultation, examination, and the payment of a fee, to so thoroughly know the atomic history of my entire body that he can control the flow of splenic fluid from my spleen to my stomach, by a few oral words to my subconscious mind as to how it ought to do, but can't? Is it possible for you, a stranger, to tell a patient how his kidneys should act, and then so direct cyclic currents to them? Is it a fact that a male educated intellect can direct the Innate periods of a female, with whom he does not have a passing acquaintance? I ask you frankly, is such possible, is it plausible? Must the female depend upon these external advices, suggestions, before she can breathe another breath without which she must die? Could one child exist providing no other exists? If life depends upon immediate life surrounding us, then the more life the better. However, the crowded tenements seem to disprove that.

In other words, please tell me the value that one plant or animal has to another. Is man, or woman, plant, or vegetable, a unit? If man is not a unit, then we need remodel all our cycles. They are based upon the unital idea, wherein one man is capable of placing, thru the various phases, all the changes necessary to complete cycles. He does not need assistance to interpret an impression; he does not need suggestions from external sources to send forth an impulse; nor does he screech or scream for more power from a woman to help him express that ability in the cell which we call function. He does not demand advice from the external man, how to form the impression (that, he can do without him); then follows the afferent transmission. No external

assistance is needed to shove it up the nerve, and I am sure were educated man to step into the mind of this Innate Intelligence he would be a hindrance to its interpretation.

I have shown you briefly the various phases necessary to complete a cycle within one unit. I have been showing you that these cycles are being performed quite independent of any external agency; in fact, we have clearly shown that all of man, internal and external, is based around Innate cycles which are peculiar to this man, as a whole, and which are peculiar to this exigency right now differently than another one a moment ago. Those minute details are such that an outsider does not know and I believe to offer the theory that one unit could not live without the other by his side to continually tell him what time to get up, what time to lie down, how many hours to sleep, just what time to go to school, just how often to empty the bladder, just how many revolutions the stomach should make considerate of quantity of materials therein, what foods to eat, and what qualities, etc., and then advise the bowels to work easy on that matter because it is delicate — to do all this would indicate that external or educated man is capable of guiding an Innate machine greater than he could duplicate; but that seems to make no difference to those students who argue the value of suggestion from one unit to another — they assume that another unital machine can be run to perfection and they are the fellows that suggested (to themselves) they can do it.

Is man a unit or is he not? If he is, then so construct your work entirely to the end of giving the unit its individuality. Don't think for a moment that you can warp him into some shape that you think he ought to be. He does not depend upon a single suggestion from you, any more than one man from another, for his or their growth. Consider this seriously as it is a fundamental truth.

If suggestion of one body telling another how to run its functions, when to do so and in what quantities, speed, etc., is truth, and is a fact of matter, then we must determine the law of same. If educated suggestion becomes a stable Innate quantity, in the sense that one unit can, does, or should direct the functions of another, then it resolves itself in one Universal Intelligence, many Innate Intelligences which are subdivisible endlessly; but HOW and WHY is what I am hunting for.

Where is the suggestive therapist that will set our notions straight in telling us how many segments our Innate Intelligence must be divided into to pass it around to all the things we come in contact with. If we are a part of somebody else and must direct his functions as well as our own, then our Innate is only a part here and the balance is differentially given to the keepings of other segments of Innates within brains. We could not have ONE Unit Innate Intelligence. Our Innate would be made up of some of our own, some of every person who wishes to suggest to us what to do. For, to admit the fundamental that our Innate is a unit throws us back on the ground that we could, should, and would stand alone as regards the intelligence which makes our internal functions. To admit any other hypothesis is to grant that Innates must be passed around enough times to give every mind a sample. This sampling business gets us into another Sympathetic Nervous System with 129 brain systems, where confusion reigns supreme. If SUGGESTION has a stable foundation and is a quantity that must be dealt with, let us understand the law and then decipher its principles and prove its value. Without a law it has no principles; without principles we can have no conception; and without concepts we are groping in darkness for the want of a truthful base. We still believe man is a unit, and as a unit is capable of unital regulation of internal functions.

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CHAPTER 31

The Story Of THE POSSIBILITIES OF CHIROPRACTIC

By Uncle Howard Nutting

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It is not my intention in this paper to criticize anything that has been achieved in the developing of Chiropractic from a theory to a science and from a science to a philosophy. My intention is on the possibilities of Chiropractic to try by this means to stimulate you all to greater effort in delving into the intricacies of this science.

It will be possible for you in the future to accomplish results of which you now have not the remotest idea of accomplishing; and you are today producing results that you knew not of. In your adjustments for certain diseased conditions you unwittingly produce beneficiary results on other organs to which you have paid no particular attention, and these results manifest themselves often months after the adjustment. Why? The Chiropractor of the future will know.

The opposite conditions, although rare, do exist. An adjustment not properly given may and does oftentimes do serious damage, and these results are manifest only some time after adjustments are given.

Chiropractic teachers, in the future years, will, instead of mapping out a rule governing adjustments for certain diseases, give more attention to the MANNER of giving adjustments. It is an easy matter for the student to find a subluxation, and not a difficult task to adjust it to a normal position, as he may think; but often these adjustments do not produce the results looked for. Why? Because the conditions are different from the majority of cases of this nature. There can be no rule laid down which will apply to every case and the longer you study the science, the more you will be convinced that there are never two cases

exactly alike; no two subjects will admit of the same manner of adjustment.

The Chiropractor of the future will adjust to relieve the particular case at hand and not by any given rule or universal law. The future Chiropractor will study the case until he is absolutely sure he is right, and will so adjust as to bring immediate results, especially in acute cases, and but a few hours in chronic diseased conditions. If these results do not follow immediately you may be assured that the adjustment was not properly given, because proper Chiropractic adjustments relieve at once, and if you do not get these results YOU are at fault, not the science of Chiropractic.

In the near future, after adjusting a patient you will be able to outline for him the exact position on which he shall lie in bed while asleep, to best induce beneficial results. Innate does most of her work while the body is in repose, and when muscles are all relaxed, and there is no reason why, by a little study of the character of the subluxation, a position cannot be obtained that will materially aid Innate in her work.

My own experience has taught me this, and by experimenting with pillows, I have found a position where the pain would practically cease, and on waking would find that Innate had done her work and adjustments were unnecessary at this time. Surely a Chiropractor could map out a position for such cases as he may adjust.

The other day I saw a mother punish a boy some six years of age — that is, she attempted to do so, and would have succeeded if she had known aught of Chiropractic science; but she did not, hence the result. She caught him, administered a sound, hard blow on the back of the child. Instead of the child crying out with pain, his little face was wreathed in smiles and he laughed most heartily. At that time I would have given a farm to know where that blow fell.

The Chiropractor of the future will know exactly how to adjust to produce happiness at once instead of sorrow. "Blues" are not caused from trouble, real or imaginary, but from a diseased condition which can and will be relieved instantaneously by the Chiropractor of the future. Find out how and where.

Did you ever think what kind of a world this would be in a short time—not later than 2000 A.D.—if the development of Chiropractic should continue until that time in proportion to the way it has developed during the last five years? By the time mentioned, we would see a race of giants, physically and mentally. There would be no chronic diseases of any kind; people would not know what tuberculosis is, except from history; no insane hospitals where men and women are confined as in a prison and made to suffer untold abuse because they have been so unfortunate as to sublunate the atlas. There would be no more penitentiaries because no crime would be committed by a sane man or woman; no poor houses because every man would be well and hearty and have full possession of his faculties to work with brain and brawn, and enjoy fully the fruits of his labor, faring sumptuously every day. There would be few undertakers—perhaps one in a county to look after the remains of those worn out with age, and a few who are killed outright by accident. Drug stores would have vanished—no need now for even plasters and liniments; drugs to be taken internally have been discarded long ago; ladies have no use for face powder and lotions because all are painted with the glow of health.

What a glorious epoch in the world's history! WHO is to bring about this utopia during the next 100 years. YOU are the foundation stock. You are to prepare the way for future generations to follow. You are to blaze the way, blast the rocks, clear all rubbish of ignorance and prejudice, and open up the grand highway of truth. To you and The P.S.C. will be the honor of lifting the world out of the swamp of sickness, disease, and death, up to the highlands of health, and consequently happiness.

You are given this work to do; you cannot shirk it if you would; you would not if you could. The keynote of Chiropractic success is "demonstration." Chiropractic is greater today than yesterday because you know more today than you did yesterday and can "demonstrate" it. If you will know a great deal more tomorrow, do not hesitate, do not imagine that you have conquered all the obstacles. Your craft has had a dangerous voyage so far, but it has been guided by a master pilot around the whirlpools, missed only by a hair, and it has emerged out upon the seemingly placid sea. But do not rest on your oars and drift with the tide; there will be billows to ride and storms to encounter which will need

your best effort. Do not rest. Roll up your sleeves and PULL. Your success depends upon the amount of labor expended by yourself. Others may lend a helping hand, but you will have to paddle your own canoe.

Keep always in the wake of The P.S.C. flag ship. She will lead the U.C.A. safely around the crags and over the shoals to Chiropractic success.

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CHAPTER 32

The Story Of PYRAMIDS OF LIFE

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Midway between the verdant valley of the Nile and the arid sands of the Sahara, in the middle of the semilunar coast-line of Egypt, and in the center of balance of all the land-surface of the globe, stands a structure which is justly classed as one of the seven wonders of the world. Built in the year 2170 B.C., the great pyramid of Gizeh is still and perhaps always will be the largest and most solid building in the world.

Thirteen acres of solid masonry rising into the air 482 feet, it contains enough stone to build a rampart ten feet high around the frontier of France. If it were hollow, it could contain the largest cathedral in the world without allowing the cathedral to touch its sides or top. It is still an unsolved problem how the hundred thousand workers for the mighty King Cheops quarried and placed the mighty stones which, layer on layer, in perfect symmetry were laid in poise and balance such that to this day there shows no breaking in of chambers beneath the vast and crushing strain of weight imposed for forty centuries. The result is there and visible, but the secret of the work is lost. Over-shadowing the cryptic Sphinx, it hides within its bosom mysteries, the contemplation of which is staggering — appalling.

There are other pyramids. All of them are imperfect imitations of the first and greatest. The great pyramid sprang into being without any antecedent evolution in architecture—it had no prototype. It came in an age when no great buildings had been attempted. It was built without experience or precedent, and it has endured thru four millenniums, the grandest of all building achievements.

But the marvel of this Lion of the Desert is not its size — 762 feet square by 482 feet high. It is not the enormity of the conception, but the complexity and symbolism of the building which

baffles the student and appalls the observer. In its construction were performed all the most difficult feats of mathematical computation with which we struggle today. It includes so much geometry that the builders must have known the principles of the squaring of the circle and the "w" proportion. It evidences enough of physics to have devised a perfect system of weights and measures; and enough of astronomy to calculate the mean distance of the sun from the earth and the length of the earth's orbit around the sun. The knowledge of the action of mercury in a thermometer, the length of the earth's axis, the number of days in the true year, the exact centre of the land surface of the globe, the centre of the sidereal system — all, or nearly all, of the facts which science has disclosed to our wondering minds during the past few centuries as NEWLY discovered laws were symbolized in the Great Pyramid with exactness and imperishable truth.

Let me give you a few facts and figures to prove my statements. The angles of the four sides were exactly equal, the point of the pyramid is equi-distant from its four lower corners. The base departs from a perfect square by only one-sixth of an inch. The specific gravity of the Great Pyramid is exactly the specific gravity of the earth — 5.7. The height of the Great Pyramid is an exact and even fraction of the distance from the earth to the sun. The height multiplied by ten raised to the ninth power gives the sun distance. The perimeter of the base is equal to the perimeter of a circle whose radius is the height of the pyramid, the squaring of the circle and the "w" proportion. The cubit, which was the unit of measurement used, is contained in each base line exactly as many times as there are days in the true year. This cubit is an exact decimal of the length of the earth's axis.

The large coffer in the King's chamber, once supposed to have been the open sarcophagus of Cheops, the builder, is now known to symbolize a system of measures determined by natural laws and the principles of universal construction, a system more perfect than any in use today. The air shaft to one of the chambers points directly toward the location of the North star at that particular time, a location which it has never since occupied. The pile is perfectly oriented and points directly to the four cardinal points of the compass. Its base line on the north touches the

thirtieth parallel of latitude and would presumably have passed it and made it the centre had not the rocky hill forbade it. To have passed over the brow of the hill with the pyramid would have been to invite dissolution by the ages to come. And that pile of stones was built to stay; built with a science and calculation and prescience of the future which has never been equaled before or since.

Five and multiples thereof and the number nine seem to have prevailed thruout the construction, as have also three and seven — all uneven numbers. The courses of stone from top to bottom are multiples of five. The courses in the chambers are multiples of nine. One chamber has been found at the first course, another at the fiftieth. It is presumed that there is a third at the one-hundredth course, the way to which has not yet been found, after forty centuries.

Perhaps the most curious thing about this wonderful creation is the fact that, built in a land of idolatry and paganism, during the reign of a king who before and after its construction worshipped idols, there is not a sign or symbol or mark in it or on it anywhere which has reference to any deity or any worship. It seems almost incredible that Cheops, or whoever builded it, should not have placed within this pile of masonry some sign of religion at an age when not even the ornament on milady's robe was too trivial to be invested with religious significance, when on every other building and with every inscription went some mark of worship of some god. But it is true.

The Great Pyramid is symbolical of the entire universe and the plan of universal construction. It includes the earth and the solar system and the sidereal system and a knowledge of the laws by which they move and live. It is so comprehensive that science of today knows little or nothing that did not in all probability influence the builders of this monument of science. For such it is. It seems as if designed by almost omnipotent minds to stand thru all time a living presentation of the truths of nature and of law for all who are able to see and understand, declaring nothing to the unthinking or untaught and everything to those whose penetration suffers them to read its secrets.

Who were the builders? We do not know. Could it have been the heathen king in whose reign it grew? Perhaps, but the facts

of its construction render that highly improbable. Does it embody the learning of the masses of workmen who toiled in its unrearing? Surely not. No other evidence of such knowledge ever existed and it is inconceivable that if this learning had been widespread SOME other evidence should not have come down to us. Was it done under the direction of some seclusive cult of humans who possessed all science and all art and all philosophy and of which the world was ignorant? This is most probable of all and the only explanation which, other than direct inspiration from deity itself, will suffice.

If this be true it is marvelous still that the same learning has not been otherwise preserved and handed down to us thru succeeding ages so that we might today know all the secrets of this great empire. Perhaps in their farsighted wisdom, these old Masons knew that man must still pass thru centuries of struggle toward the light before he would be ready for such truths. Perhaps they foresaw that long cyclic swing of life which intervened ere we again evolved to that zenith of knowledge, into which we are now being projected, which would enable us to understand. Perhaps that pyramid is the deliberate message from that cycle to this — the proof, graven in time defying stone, that there has existed a high degree of development on earth in ancient times and that we are now just getting back to that plane of life. Perhaps, could we read its secrets aright, we should find there evidence of a knowledge of Chiropractic greater than our own. Perhaps this art of ours is no more new to earth than our modern sciences of calculation are new. Perhaps — but why speculate further on the unknowable.

The pyramid is there. It contains the essence of all mathematics, geometry, physics, and mechanical construction. No purpose other than as a symbol of the universe and universal law can be rationally conceived. It is the unsolvable riddle of all time.

But whoever the builders were, what brains contained the wonderful ability to conceive and construct such a monument, the Great Pyramid of Gizeh has stood and will stand, while the comings and goings of the tide of civilization and race life have ebbed and flowed around its base, and the whole world has traveled thru its cycles and long centuries of time. It, like the Sphinx, is the epitome of the riddle of Egypt — mysterious Egypt, whose

former glories have left their imprint on all the world and the depth of whose mediaeval and modern shame has stirred a throb of sadness in the heart of every muser on the glories of the past and the grandeur that is vanished.

"They say the Lion and the Lizard keep
The courts where Jamshyd gloried and drank deep;
And Bahram, that great Hunter — the Wild Ass
Stamps o'er his head, but cannot break his sleep."

Thru all the desolations of empires and peoples, thru the darkness and superstition and crime and punishment, and disease of men and nations, the eternal sun has ever shone on the four slopes of this granite faced mountain, standing always like the eternal hills and watching, in its silent majesty, the rolling of a world.

Of all the achievements of Egypt nothing has endured like the pyramids. Of all the monuments of the ancient race which dwelt there, no one has stood the test of time like the Great Pyramid of Gizeh. Many important events of Egyptian history have centered round the pyramids. All Mamoun, Moslem, son of Haroun-al-Raschid, very nearly caused a revolution by forcing a long and tortuous way into the recesses of the greatest one in search of treasure, which, of course, he failed to find. The Great Pyramid has ever been the center of superstition and fiction and has outlived all of it. The tide of Egyptian civilization has ebbed and flowed around it. In olden days men worshipped at this pyramid, making it a shrine in ignorance of its real purpose. Travelers of all ages have lingered in its shade and thot of the men who builded it. It has remained as an ever-present reminder of the glory of the past — the last and most stable relic of one of the world's greatest and earliest civilizations.

It is a connecting link between the past and present, ever attesting the wisdom of the builders. It has been inextricably linked with Egyptian history for four thousand years.

But even more important is the position of the pyramids in the history of the world. Men of all nations have known and revered the Great Pyramid. The scripture refers to it and some zealous writers have misread the references so as to make them say that the Pyramid was a directly inspired work of God and was built by the ancestors of the Jewish race — not by Egyptians.

Ancient Hindu books refer to it as the "Golden mountain set in Egypt," a rich figure which was well in keeping with the mythical tendencies of the times. In Greek literature it is given a place of importance. This is the more worthy of remark since it had no connection whatever with any of the deities or personages of ancient mythology. It cast its shadow as far as Rome in the days of the Caesars. The tide of Moslem invasion swept over the Pyramids and was modified thereby, these great structures received a tribute of superstitious awe from the fanatic and imaginative Arabs. In its shadow, Napoleon exhorted his followers to greater achievements.

In modern times the Great Pyramid has been the object of great scientific research. Hundreds of able men have spent the greater part of their lives in studying it. Books have been written about it. It has been held up ever as an emblem of solidity and permanency to the whole world, with the Rock of Gibraltar and the unchanging hills. It bears mute witness to the truth that there lies IN MAN the power to produce as permanent and enduring a work as the rocks of the Almighty. Is it not proof in fact that GOD IS IN MAN and that the same power which constructed the mountains and rocks and the shape and forms of the earth is in us and of us, and needs only direction and will and purpose to accomplish anything? And this was primitive man — those whom the ancient Hebrew scribes called ancient!

The Great Pyramid has left its unerasable impression upon humanity. More than any other artificial structure it has stamped itself upon the history of the world with a shadowy pyramid on every page. The influence of this inert monster seems almost uncanny — because we do not understand. (Man has always invested in an awe-inspiring aura that which he cannot understand.)

The Great Pyramid is a symbol — a sign of a concentrated intellect of a people. It stands for the eternal truth that that which is law and truth cannot be obliterated. Though the intellects which designed it have passed beyond and left no trace, yet their knowledge has lived after them and is still bearing fruit after its kind.

Every great achievement that history records stands as a pyramid in the life of some great man by which the truth that was in him has been perpetuated and his deeds remembered by men.

Some build more pyramids than one; usually those who scatter themselves and their forces thus, build lesser pyramids. Others center their whole lives in the consummation of one great purpose which lives after them in the minds of the succeeding generations as their monument.

Napoleon's pyramid was Austerlitz — the height of his glory and ability. That of Alexander the Great was his conquest of Persia; of Grant, his Virginia campaigns; and of Toga, his destruction of the Russian fleet. By these things, and sometimes by them alone, we remember and revere the memory of these men, because they were men who DID things — things not trivial or inconsequential, but things of import to the world.

In more peaceful fields, Abraham Lincoln made for himself a beautiful pyramid amid the storm and whirl of war and suffering, when he issued his great Emancipation Proclamation. It, like all other pyramids, was the fruit of a lifetime of character-building, which was concentrated and perpetuated in that act. Fulton's pyramid was his steam boat; Bell's, his telephone; Wright Brothers', their flying machine.

The pyramid of Field was the Atlantic cable; of Wolfe, the battle of Quebec, the one achievement for which the world remembers his name. The pyramid of Dickens was his "David Copperfield," and of Harvey, his blood circulation.

The pyramid of Christopher Columbus, built on the rocky hill of his fortitude and faith, is the discovery of a new continent. Perhaps — who knows — The P.S.C. may in the future be known as the pyramid in the life of Dr. B. J. Palmer.

And more than these. Many there are who are known for a single achievement, who have lived quietly and obscurely all their days, save for one meteor blaze which marked them out for fame. All their years were preparations and foundation stones — all their days were training for the crowning labor of a useful life. Thousands of these there are, unknown to fame, who have yet left behind some imperishable thing, which men rise and grow by, and learn from, which is good.

To each one the great moment in his life when he achieves that from which the whole human race may derive benefit, is his pyramid. It may endure unknown and misunderstood, like

Cheops' pile, for many years; but some day — some day when perhaps the builder is forgotten — his work will be recognized, honored, revered, and his intellect respected though his identity be lost.

Is there not pleasure in that thot? Is it not more truly fame that our work be recognized than that our name be coupled with it? GET THIS — if a thing be true, not all the force of time can change one jot of it, or erase one line! That is your final assurance of reward — that Justice of the Universe.

Where is your pyramid, brother? You, whose mind is now gripping and holding the concept of this eternal pile of masonry with its symbolism, and of the pyramids of life and their importance, where is your pyramid?

Is it accomplished — that monument of yours? Or, is it still a mere thot picture in your brain, the pattern around which you are shaping your life and its every effort? Or, are you one of those blind and groping minds that have no pyramid?

Have you chosen a central purpose and fixed it in the most solid portion of your mind, and are you gathering rocks of experience and knowledge and shaping them with jeweled rock-saws of reason and meditation?

Every one of you should prepare himself carefully for the building of something in his life that will last, something good and something permanent. Every one of you can do some one great thing that will serve as a central point and pivot toward which you work until accomplished, and at which you may look back in after years with just pride and consciousness of a life well spent.

Has it ever occurred to you that only one great moment may justify a life? All the time and labor spent in the manufacture of the thirteen-inch gun, its powder and ball, its carriage and accessories, were directed toward one purpose — the firing of that gun! Without that moment all the rest is lost; without a firing moment, many a life is wasted — useless.

Has all your labor been wasted? Have you missed fire? Or, are you going to? Not if your work is rightly done. Not if every action and every step was carefully considered in its bearing on your purpose. Not if the saws with which you shape your building materials are jeweled with reason and cut clean!

And when that work of yours is finished, finished at your best, will it endure? You do not know? Ah, but did the builders of Cheops' Pyramid doubt that when they entombed there all their secrets of science, that they would defy time itself, vie with nature in endurance? Did they doubt thru that stupendous labor? Not they, for had they doubted, they had not achieved! That is the law!

And why should they doubt? Did they not measure, weigh, and estimate the value and permanency of their work by the most permanent of all standards, the Universe itself? Measured by the laws of Universal Intelligence and found true it must endure. There is no other power to change it.

And so with you. If your plans, beliefs, deeds will square with science and with a true philosophy of life, you need have no fear but that when the time of your achievement comes, it will be done and it will stand. I do not mean to declare to you a doctrine of inevitable consequences. I do not mean that by philosophy and science alone we *shall* succeed, but that we *may*.

Given these things and an alert, active mind wherewith to grasp at once the opportunity; given a clear and lucid comprehension of the meaning of the Inner Voice within ourselves which bids us move or stay our hands — and when the time comes we shall be ready and we shall achieve.

Listen with me to the words of Lincoln, a man who waited and who did succeed. "I will study and get ready, for my time will come."

(THE CHIROPRACTOR, A Monthly Journal, Volume V, No. 12, December, 1909, FORTY-TWO YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 33

The Story Of DAVENPORT MAY LOSE LARGE ENTERPRISE

Petty Jealousies May Result in Removal of Palmer School of Chiropractic and Consequent Great Loss of Revenue to City of Davenport. — Has Benefited the City. — Brought Nearly a Million Dollars of New Money to the City Last Year. — Spent \$5,000 with Post Office, Paid \$7,850 Express.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 7, No. 6, June, 1911, FORTY YEARS AGO. Published by The Palmer School of Chiropractic.)

Davenport, May 18 (1911). — That the success of one man in Davenport has led to the bitter enmity of the Scott County Medical Society, which organization has carried its fight into the Commercial Club, and even into the Y.M.C.A., is the statement made by prominent business men of Davenport who have threatened to withdraw their patronage from the Commercial Club, unless it is reorganized along broader lines and is taken out of the control of the narrow men who are now directing the destinies.

The cause of the trouble is the fight being waged by the Medical Society of Scott County, or at least members of it, against Dr. B. J. Palmer, who has been conducting a successful school of Chiropractic which is distributing nearly a million dollars in Davenport and has added greatly to the fame of the city in all parts of the United States and the world.

At first the business men took little interest in the matter, but when they began to realize that a continuance of the underhanded attacks might lead to the loss to Davenport of an institution which was equal to any manufacturing establishment giving employment to from four to five hundred men, then the business men commenced to investigate, and the more they investigated the stronger were their convictions that a continuation of the present narrow-minded policy might result in the loss of an institution to the city, which has been of the greatest benefit not only in the

direct distribution of cash, but also in the distribution of advertising matter in all parts of the world, from which the students of The Palmer School of Chiropractic are being recruited.

A business man who has taken the trouble to investigate the contentions on both sides gives the following story of the trouble which has originated in an effort on the part of members of the Scott County Medical Society to put The Palmer School out of business.

To commence with, Dr. B. J. Palmer, the head of the Palmer School, is a man of good reputation, honorable in his dealings, pays his bills, is sober, reliable, nothing can be said against his personal character. But, as he has been successful and has pursued new and heretofore untried paths for the adjustment of the cause of disease, and believes that he has succeeded in evolving a method of "adjustment" which is simple, prompt in action, provides for no drugging, but leaves nature in the best possible condition to carry on its work of restoring the various portions of the body to normal action. In brief, his theory is that the brain is the center of all power. The brain, through the spinal column, and its nerve fibres, distributes the vital force to all portions of the body. The bones in the spinal column may become slightly displaced, resulting in a constriction to the nerve force, and thus preventing the organ supplied by such nerve from getting the force which it should receive from the brain. Dr. Palmer has believed that by restoring these bones to proper position and removing this constriction that the nerve forces will flow on uninterruptedly, and that nature will then do its work. He removes the pressure on nerves instead of treating the organs, and the results have shown that many are greatly benefited.)

A free clinic is established at the school, which is visited by hundreds of patients daily, where the students are permitted to see and participate in the actual work, and where they may note the benefits to the patients. There is no wrenching, no drugging, nothing but a simple "adjustment" of the bones of the spinal column, which is continued from day to day until all portions of the body are carrying out their proper function.

The regular doctors claim it is a fake. If so, there are many, many who are being deceived, for not only are the patients who daily visit the institution made up of the ordinary run of human-

ity, but the students are way above the ordinary run of intelligence and are composed of young men and women, many of whom have taken a regular course in medicine, and have sought The Palmer School to learn the Palmer method. They are also business men who have left their business to take up this work, believing that in so doing they can establish a legitimate and successful practice for themselves and at the same time benefit humanity by this new system. Interviews with patients show that satisfactory progress is being made with their cases, and as they are not doped, no injurious effects attend to follow.

The success of The Palmer School, said our informant, aroused the antagonism of members of the Scott County Medical Society who, it is claimed, raised a considerable sum of money to place The Palmer School out of business. The attacks were made through the courts, through the legislature, and finally crept into the Commercial Club and the Y.M.C.A.

The first effort was made to induce the Iowa legislature to so modify the state medical laws as to close The Palmer School, and others of similar character. A bill, innocent in appearance, was brought before the legislature, but when the effect of the passage of such a measure became known, the members of the legislature promptly turned it down, and thus declared that it could see naught but benefit in the Palmer system.

The next effort was to try to get the Scott County Grand Jury to return an indictment against Dr. Palmer personally, under the charge of practicing medicine without a license, and with advertising without a license. The grand jury listened to the arguments which were advanced and refused to be a party to such persecution.

Dr. Palmer has always been known as a "Booster." He promptly adopted the slogan, "Every year a better year for Davenport," and he believed that by increasing the number of his students and bringing more people to Davenport where they would spend their money, he was doing his share to boost Davenport. He was waited upon by some business men and asked to present his application to the Commercial Club and, being a genuine booster and willing to contribute his share toward Davenport's success, he cheerfully expressed his willingness to add his fee to the amount in the control of the club which could be used in obtain-

ing other industries. He did not believe there were any men in Davenport who would allow their personal or business prejudice to interfere with the success of a club which had for its object the betterment and growth of Davenport. Soon after his application came in, there was a protest quietly circulated among the members of the Scott County Medical Society against his admission. This was signed by doctors but was in sufficient numbers to have prevented the admission of Dr. Palmer, and his application was withdrawn.

Dr. Palmer did not care to raise any disturbance over the matter, accepting it as the price which a person pays for success in the invasion of untried fields, but other Davenport boosters did not take it so calmly, and were highly indignant that any class of men should bring petty jealousies into an organization where all should pull together for the advancement of their home town.

The next attack on Dr. Palmer was through the Y.M.C.A., which the doctor had been invited to join. Here again the petty jealousies of members of the medical association were shown and the "regular" doctors who were members joined in a protest against his admission and threatened to withdraw if Dr. Palmer was admitted. It is presumed that if Dr. Palmer stood before St. Peter on the final judgment day, and could present an honorable record for the scrutiny of that last Judge, there would be members of the medical fraternity on the outside asking that he be denied admission. And for what cause? Simply because he follows a different course than they have learned at their colleges, and because he is teaching that system to five or six hundred students a year.

But the jealousies of the local physicians did not stop there. Failing to annoy the doctor or interfere with his business success at the January session of the grand jury, the same body of men again conspired to destroy his reputation, by attempting to secure his indictment at the April term. Again the members of the jury listening to the statements made by the jealous physicians, determined there was no legal cause for action against Dr. Palmer, and again the case was dismissed.

The next effort of the "regular" was through the medium of the local press, to deny him the use of the advertising columns

of the papers. Through some manipulation of the local papers, the first movement was to have all his matter plainly marked as "advertising," to which the doctor in no way objected, as unlike many of the regular doctors the doctor is willing to pay for his space and willing that the public should know that he is paying for it, rather than to sneak it through free under the guise of an address before a medical meeting, or by slipping a few dollars into the hands of a reporter to see that an accident or operation was given the "correct attention." The next movement was to get one of the Davenport papers to deny him the use of its columns under any conditions.

Goaded on by these attacks, Dr. Palmer has threatened to strike back. He has declared that if Davenport is to be ruled by a small organization of medical men, there are other towns of more liberal views to which his college can be removed. He has been contemplating the erection of a handsome college building on Brady Street where his present business is conducted, and had about arranged plans for financing such an undertaking, but declares that if Davenport is to be dominated by so narrow a class of practitioners, there are other towns willing to give him a bonus and aid in the erection of a suitable building if he will only say the word for such removal. It is because of such threat of removal that the business men of Davenport are lining up in his behalf and threatening to sit down on any class members of the Commercial Club who seek to make the club a vehicle for working out their personal grievances.

After the attack made on him before the Commercial Club, Dr. Palmer directed a letter to one of the physicians who had been active in circulating the remonstrances against him which was as follows:

"At various times and under various circumstances, always secret, never public, to my back, not to my face, you have interested yourself first in my personality, second in my position in the community, third in my profession, fourth in my business ability, fifth in the legality of Chiropractic in this state — to all of which I have no objection. From the many sources of information, you have been on the opposing side of everything emanating from The P.S.C. I, for one, would like to know what your grievance is, why you have such a grievance, what reasons you es-

tablish for being antagonistic, whether these are valid, whether they are sufficiently strong to continue their practice.

"Knowing further, first, that my interest in your position is as one individual; second, that many would like to listen to a public discussion of these grievances; third, that if your reasons are established the city of Davenport will be benefited; fourth, that if proven fallacious, prejudiced, and groundless, then silence would be golden; fifth, that it will gratify your ambition for further publicity; sixth, that it will give the mass of people further knowledge on the pros and cons; seventh, that it will give me an opportunity to meet you face to face on mutual ground; eighth, that it will prove you or myself wrong, either of which I am willing to permit. I therefore do hereby challenge you to meet me in debate, all conditions of which any audience will consider fair and reasonable, as follows:

"First, you to meet me in any public hall in the City of Davenport, at my expense.

"Second, all expenses attached thereto, such as advertising, etc., to be paid by myself.

"Third, you to assume any subject pertaining to:

- a. My personality.
- b. My position in the community.
- c. Your or my profession, viz., rights or wrongs of medicine or Chiropractic.
- d. My business standing in the community.
- e. Whether a knocker or a booster helps Davenport.
- f. The legislative question in Iowa or at large.

"Fourth, you to let me know one week in advance the subject or subjects you choose to debate.

"Fifth, you and I to meet at the hall selected by yourself, and you to prove my position in this community is unreasonable, unjust, improper, and a menace to 'Every year a better year in Davenport.'

"Sixth, you to attempt to establish that what you have been doing was done to benefit Davenport rather than to foster a personal and private feeling.

"Seventh, should you so succeed in establishing your assumption, then I donate \$100 to Ned Lee's Mission at a public humiliation meeting.

"Eighth, should you fail to maintain your hypothetical presumptions, then you to pay a like sum, to a like place, in like manner.

"Ninth, there to be no charge for admission at the door of the hall in question, you to have half the tickets and I the other half.

"Tenth, all arguments to be based upon facts of logic and practice as proven — no theories to enter the composition, no personalities or evasions of main questions confronted from side to side.

"Eleventh, I to have the privilege (you also if you desire) to report the debate in full and to be further published and used by me as advertising in support of Chiropractic in the future.

"The pleasure of meeting you will be all mine, and will give you the much coveted position of meeting me face to face, permitting you to maintain your position before the public in preference to private, giving you an opportunity to meet your contemporary at his request and expense, and — first, if your position be the right one you have nothing to fear from a public display of same; second, if your position be proven wrong, false, and unjust to me, my profession and business, then the citizens of Davenport should know it.

"You have an opportunity you have longed for, and I am making it possible at no cost to you but the continued struggle for supremacy, which you have been maintaining all winter, therefore are in trim. This letter will be mailed from The P.S.C., registered, on March 20th. It will reach you on the 21st. I will have your receipt for same Tuesday afternoon. Your reply on Saturday forenoon, March 25th, not later than 9:00 a.m., will be sufficient. The debate to be held within one week from that date. No reply being received at that time, for or against, acceptance or denial, I will make public this statement as herein mailed.

"First, are you willing?

Second, are you the man I think you are?

Third, do you defend the profession you think you do?

Fourth, is your premise logical?

"To refuse to meet this challenge is to admit public defeat; to ignore it is to further admit your incapability to uphold, in public, the subjects and assumptions you assume in private; to shift responsibility is to belie your aggressive actions of the past winter. Therefore, I await your answer, after due deliberation and thoughts of the future.

"I am,

(Signed) "B. J. Palmer, D.C., Ph.C."

The physician addressed never responded to the letter and the people of Davenport were thus denied the opportunity to hear the issue discussed.

The results of all these attacks on Dr. Palmer have been to engender a bad feeling in the city. These have reached the students, many of whom are men of means in their respective communities, and arrangements were made among the students and ex-students to organize a "400 club" in which each member has agreed to give the sum of \$250 to endow a Palmer School of Chiropractic, such institution to be located at some point outside of Davenport. This club is now 275 strong, and the full 400 will be secured at an early date. Cities at other places are already competing for the location of the school and have offered advantageous sites and a cash bonus to secure it. For the present, Dr. Palmer is taking these under advisement, for while the subject of attack by the physicians, the business men of the city are showing such confidence in him and are rallying so loyally to his support that Davenport still has a warm place in his heart.

So intense is the feeling in Davenport becoming, that students of the Palmer School are now purchasing their supplies only at stores where The P.S.C. pennant is displayed, inviting their trade. Over a hundred of the leading merchants of Davenport have this pennant displayed in their stores.

The parade of the students and faculty of The Palmer School of Chiropractic on May 10th was an eye-opener to many of the business men of Davenport. On that day students and faculty paraded over the business district of Davenport, carrying appropriate banners. They walked two abreast, and the parade was over four blocks long. There were, by actual count, over three hundred in the parade.

Some idea of the benefit which this school is to Davenport can be gained by the following summarization of figures:

During the year 1910 there were 505 students enrolled, many of whom remained in the city nearly the entire year. About a third of them were accompanied by their wives, making a total of 667 people that The Palmer School brought to Davenport last year. It is estimated that these spent in Davenport last year \$670,580. In addition to the above, as a source of revenue to the city, there were a total of 2,700 who attended the free clinic, 900 of these were from out of town, and were brought to Davenport by the location of The Palmer School here. These visitors probably spent \$160 each for the time they were in Davenport, or a total of \$144,000. 500 private patients also received the private work of the faculty and spent a total of \$600,000 more, making a total of \$847,580 which The Palmer School brought to Davenport and was distributed among the merchants and trades people of the city.

Pretty good for one institution, wasn't it? It was all new and foreign money poured into the city, and not the circulation of money previously here.

If, as is now indicated, over one thousand students are enrolled this year, it will mean the bringing of over a million and a half of new capital to Davenport during the current year.

Dr. Palmer has always aided the local banks by encouraging his students to open accounts with the Davenport banks. As they are to be in Davenport the greater part of the year, a bank account becomes a necessity, and so they bring with them usually a sum necessary to carry them through the year; these accounts are of great benefit to the Davenport banks.

Since May 1, 1909, The Palmer School of Chiropractic has enrolled 3,380 patients, many of these being chronic cases who had been given up by all the regular physicians as having but a limited time to live. Out of this number only seven have died, a number which would be only a good average for the same number of people enjoying the best of health. Surely the Palmer "adjustment" has not "killed them off" as some of the physicians would have the people believe. Can any regular physician show a better record of cases treated?

That Davenport is advertised by The Palmer School is shown by the fact that over two million pieces of literature were distributed from Davenport during the year 1910. Every one of these pieces mention the name of the city.

It is estimated that three hundred houses were rented last year to pupils of The Palmer School, or to others who were directly connected with the institution. That added a pretty good sum to the rental value of Davenport real estate.

The Palmer School is also a large contributor to the Davenport post office, paying in last year in the way of postage over \$5,000, being one of the largest patrons of the local office. The School also contributed to the local express companies \$7,850.

The Palmer School has had a wonderful growth. In 1901 there was one student; in 1903, 3; in 1904, 9; in 1905, 30; in 1906, 75; in 1907, 96; in 1908, 130; in 1909, 318; in 1910, 505. From the way the school is increasing the present year the prospect is that it will exceed the thousand mark this year.

That students of The Palmer School are distributed in all the states and territories is shown by an inspection of the register of the School, which shows students from every state and territory in the United States, as well as Australia, Canada, Mexico, and other countries.

The business men of Davenport are rallying to the support of this institution, and declare that they will stand back of it as against any petty jealousies which have been inspired by its great success. They are determined that The Palmer School of Chiropractic shall and will remain in Davenport, and will stand loyally by it. — Clinton Daily Advertiser, May 18, 1911.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 7, No. 6, June, 1911, FORTY YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 34

The Story Of MEMORIAL SERVICE

In Respect to Dr. D. D. Palmer, Discoverer of Chiropractic,
October 23, 1913, at The P.S.C.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 9, No. 12,
December, 1913, THIRTY-EIGHT YEARS AGO. Published by The
Palmer School of Chiropractic.)

In respect to D. D. Palmer, discoverer of Chiropractic, who died at Los Angeles, Monday morning, October 20th (1913), memorial services were held at The Palmer School of Chiropractic, Chiropractic Fountain Head, Davenport, Iowa, Wednesday morning, October 22nd. A full account of the services follows:

Dr. A. B. Hender: We are assembled here this morning for the purpose of paying our respects to the memory of the Founder and Discoverer of Chiropractic, Dr. D. D. Palmer, whom we consider the parent of this science. We have with us some speakers who knew Dr. Palmer personally, and were well acquainted with his early work. I am going to ask that there be no applause of any kind, as we are gathered here in a different cause than for which we usually gather, and for a different reason. Following the services this morning, school will be dismissed. There will be no official duties. We are going to be here this afternoon to take care of such patients as may be here, who could not be notified of the fact of our closing down. The first speaker I am going to introduce this morning is Reverend Weed of Monmouth, Ill. Rev. Weed was in close touch with Dr. D. D. Palmer and named the science.

Reverend Samuel H. Weed: Mr. Chairman, Ladies and Gentlemen: I think I would not stand before you here today were it not for the science of Chiropractic of which I have received the benefit from Dr. D. D. Palmer and Dr. B. J. Palmer, and others who have learned the science and practice the method. I first knew Dr. D. D. Palmer in 1894. I felt sad when I heard the news yesterday that he had departed this life. I will endeavor to

briefly relate the circumstances under which I formed his acquaintance. My daughter, at the World's Fair Exposition in Chicago, in 1893, dislocated her ankle and though she set it herself, which was a remarkable thing for her to do, the ankle proved a grave trouble to her. She employed three celebrated physicians who were recommended in Chicago. They gave her the best treatment the M.D's knew how to give. She came home and suffered for months. One day she said to me, "Father, I want to go to Dr. Palmer. I hear him recommended." He was then practicing the magnetic treatment. I said to her, "You don't want to go to that quack, do you?" She remarked that she had been unable to sleep for about three weeks, and that she was suffering intense pain with her ankle, and she said, "I feel that I will die if I do not get relief, and I want to go to Dr. Palmer." I said to her, "If you look on it that way, go."

It was about the middle of the week when she left home; she was using crutches, as she could not put her foot to the ground. The Saturday evening following, we were surprised to see her coming home carrying her crutches in her hands, walking on that sore foot. She returned and took further treatment and was cured by the magnetic process, and came home and said, "Now, father, it is your time to go."

I was an old soldier and had contracted disease in the army that had continued with me all of those years, and I was in a bad state of health. I protested, but she insisted. I came and took an examination. The doctor said he thought he could help me, but I went away without taking treatments. Dr. Palmer located my trouble on the left side, just over the spleen, and when I spoke to my son Robert about it he laughed at the idea and said that every person is tender at that place. I concluded that I was different from other people in that respect when I found that I could not make him flinch by punching in that place. So I came to Dr. Palmer and he relieved me from the trouble from which I had suffered for many years. That was in July, 1894.

Afterwards, I came to him for another trouble. It was the next year, in 1895, and he told me he had discovered a new method of relieving disease, and he gave me adjustments, and I got relieved. Later, after the members of my family had come and

received benefit, I came again, and Dr. Palmer told me that he had discovered a new method of treatment but it was without a name. He wanted a name from the Greek language. I suggested three or four different names. I gave them to him for consideration. He looked them over, and finally decided to take the name "Chiropractic," from "cheir" which means "hand," in Greek, and "praktos" which means "done." That is the history of the name of this science.

A short time after that, there was a gentleman whom I met in Henry County. He told me of the trouble his daughter had. He had seen a testimonial of mine in reference to Chiropractic, and he wanted to know about it. He told me his daughter, Miss Abbie, was suffering with a spine trouble. The medical doctors had said that the only relief for it was to enclose the spine in a cast and thus strengthen it, and they put a mechanical support on the spinal column for the purpose of enabling her to support the upper portion of her body. They fed her with food that would induce the growth of bone. They gave her medicine with that in view. They succeeded in ankylosing the spine. This only increased her misery. It was endangering her life. It was making an encroachment upon the nerves that prevented the energy passing through those nerves to the different vital organs of the body. It is no wonder that she was almost in despair on account of it. Following my advice, the gentleman sent his daughter to Dr. Palmer and he brought her out.

The support was thrown away. The ankylosis was broken up, and the nerves were free, and she regained good health. She wrote a letter to Dr. Palmer, thanking him for what he had done for her. This letter was published by Dr. Palmer, and it was plagiarized, or stolen, by another who endeavored to set up a school in opposition to Dr. Palmer, in Iowa City, and take away the students from this institution. The head man of that college — there were three Chiropractors that had learned under Dr. D. D. Palmer — stole that testimonial and placed his own name in place of Dr. D. D. Palmer's, and published that letter as one that had been addressed to himself. This appeared to me to be a great damage, and through credit to Dr. Palmer for what he had done for me, I exposed the matter to him, and he did the matter justice in his future publications.

Now I will state another thing personal, and then I will continue some remarks about the science that has been discovered and is being taught so largely in this institution. When we had learned of the success of Chiropractic, I came to Dr. Palmer one day and said, "Doctor, what will you take to cure me of everything that ails me?" "Well," he said, "I do not cure anybody. I simply open up the way for Innate Intelligence to do the cure. I adjust and free the nerves from impingement, and Innate does the balance. But if you wish, I will adjust you for everything that ails you and I think you will come out all right." I asked him what he would charge, and he told me a figure which was a mere nominal sum, and I told him to go ahead.

In the end, I felt better than I had felt at any time since I left the service of the country in 1864, and I felt that I had regained my youth. Immediately after that my son came up from Rock Island and asked me about my health and about the treatment I had received, and I told him that I was well; that Dr. Palmer had done that which was necessary to allow me to become well. He said, "Father, now is the time to take life insurance." I was going without life insurance because my health had never been such since I left the service that I could have taken a medical examination that would give a certificate of sufficient health to be received into any insurance company.

I protested that I did not wish to do that, that I did not believe I could stand an examination. "Why," he said, "didn't you say that Dr. Palmer had cured you?" I said, "Well, that seemed to be the case; I do not feel any infirmity of any kind." "Well, then, go and get insured," he said. I thought it over, and I did. I went to the old family physician who had treated me for years, to take the examination. He told me, "You have come to the wrong person. I know too much about you, Mr. Weed." "Well," I said, "I don't want insurance if I am not entitled to it, but I would like to take the examination. I feel pretty well now;" and I did not mention Dr. Palmer. This physician was in the habit of speaking of those that used magnetic treatment as "long-haired skeezicks" — so I did not name Dr. Palmer. He examined my lungs and expressed surprise to find them in such good condition. So he proceeded with all of the organs, and he gave me a certificate by which I was admitted to life insurance.

For this I have felt very grateful to Dr. D. D. Palmer. I cherish his memory for the benefit that I have received. Later, I had an attack of dropsy. I went to him and got relief. Sixteen months later, the dropsy appeared in nearly the same form, and again I came to B. J. Palmer and got relief, and I have never had any symptoms of that disease since.

Now if I were to preach a funeral of Dr. D. D. Palmer, I would take a text from the Acts of the Apostles, 13th Chapter, 36th verse, that says:

“For David, after he had served his own generation by the will of God, fell on sleep, and was laid unto his fathers, . . .”

meaning that he was buried, of course. Dr. Palmer has served his generation after the will of God. This science was started by him, it was discovered by him. I believe firmly that God raises up men for special purposes, and that He raised up D. D. Palmer for the purpose of giving to the world this science in its beginning, and that he raised up his son who is here with this institution to develop the science and give it to the world, one of the greatest boons the world has ever received. Dr. Palmer, the father, has served his generation after the will of God. Dr. Palmer, the son, is serving his generation after the will of God — and it will be a grand record that the two leave behind them.

I will not take much more time. I, perhaps, may be speaking too long, but I want to say that I have looked through the Bible considerably — that book which is most abundant of any book in the world and which is the most wonderful book that has ever been written — and I find in it many illustrations of Chiropractic. The word “Innate”, I believe, was used by Dr. Palmer, the senior, and is used by Dr. Palmer, the son. That word is found in the Bible.

“Wherefore lay apart all filthiness and superfluity of naughtiness, and receive with meekness the engrafted word, which is able to save your soul.” — James, Chap. 1, 21st verse.

That is the way that practical writer of Scripture describes regeneration. What theologians call repentance and regeneration. Repentance is a laying aside of filthiness and superfluity of naughtiness, or overflowing wickedness, as the American Revised Version has it. That is repentance.

Receive with meekness the engrafted word, in the old version, the "implanted word" in the new version —

The implanted word which is able to save your souls.

That is regeneration and sanctification, using the theological terms. Now, that word "engrafted" or "implanted" the American version says in the margin, is "inborn". The word "Innate" is from the Latin, and is the same word exactly. And in Lange's Critical Commentary on the Epistle of James, it is there translated "Innate." That is the Divine Intelligence or influence that turns on the machinery of our bodies and heals our diseases. The Bible says: Heals all our diseases.

The Chiropractor is simply a coworker with God. He removes the obstruction and lets God do the work, restore the health, and life-giving impulses flow to the different organs of the body and carry on the function of life.

There is another word that is used several times in the Scripture that was used by Dr. D. D. Palmer, whose memory we commemorate today, and is used by his son and by all the Chiropractors. That is the word "adjustment." Reading the Bible, we might not know that there was a use made of that word. It is used several times in the New Testament. I will read you one passage —

"But the God of all grace, who hath called us into his eternal glory by Christ Jesus, after that ye have suffered a while, make you perfect, establish, strengthen, settle you." — I. Peter, 5th Chap., 10th Verse.

Now the word translated there, "perfect" is in the original Greek, a word that means "adjust". The American Revised Version has translated it "restore." An adjustment is a restoring of the vertebrae to their proper position, and this word in Classical and Scriptural Greek, both, means "adjust" and the last words, "settle you," means "place you on a firm foundation." Reading this in this way we have the promise made to the Christians that after they have suffered a little while — they were suffering persecution when Peter wrote those words — He himself shall adjust, establish, strengthen you and place you on a firm foundation. That is one of the grandest climaxes that I know of in the Bible or in any other work.

Thanking you for your patience in listening to me, I will close.

Dr. Hender: We are now going to ask "Uncle Howard" Nutting, who has known Dr. Palmer for years, to speak a few words.

"Uncle Howard" Nutting: I am here to meet with and join you this morning to let my voice in paying a tribute to the memory of Dr. D. D. Palmer. Perhaps no one in Davenport was better acquainted with Dr. Palmer, outside of his own family, than I.

Dr. Palmer was not a statesman who could control the masses of the world by his influence; he was not a silver-tongued orator who could swerve mankind by his eloquence; he was not a general who had won distinction on the gory battlefields; he was but a man among men, a man of indomitable courage, independent in thought and fearless in action, kindly in heart, charitable in disposition, a man who stood firmly and unflinchingly for the right as he saw it, a man who could not be swerved the breadth of a hair from the position dictated by his conscience.

I am somewhat of a predestinarian, and I believe that Dr. Palmer was created for the sole purpose of the mission he performed. For ages the ingenuity of man had been strained to the utmost limit in striving to devise ways and means to ameliorate the suffering of diseased humanity by treating the effects thereof. But there came a time when materia medica had exhausted everything on the earth, over the earth, and in the earth, in a fruitless endeavor, and as a last resort, the glistening knife and the keen edged lancet were called into play for the mutilation of the human body — then, and not till then, did an all-wise Providence intercede and give to the world through the instrumentality of Dr. D. D. Palmer the cause of diseased conditions.

He performed the mission for which he was intended. He gave to the world Chiropractic, and he lived long enough to see it developed into a science, and from a science to a philosophy. That accomplished, he closes his eyes in that dreamless sleep, fully cognizant that he has fought a good fight and finished the course.

The last time I saw Dr. Palmer, in August, about the last words he said to me were: "I have but a short time to live. What time I do live will be devoted to Chiropractic. I cannot spare time to answer the false statements made about me; it cannot hurt me now, and I shall pay no more attention to them."

Perhaps at the present time no massive granite will mark the last resting place of Dr. D. D. Palmer, but as time rolls by and Chiropractic becomes generally known, as it is known to a few of us today, countless thousands will visit his grave, and there, with bowed heads and thoughtful hearts, will revere and praise him who, through the goodness of God, gave to the world the greatest boon ever bestowed by an all-wise Providence upon suffering humanity since the Beloved Son was nailed to the cross.

He has gone — and gone forever. If he had faults, they are forgotten; if he squelched us at times with bitter sarcasm, they are forgiven. We and the world will remember Dr. Palmer for his indomitable courage and for the noble work he performed. For years he bore the scoffs and scorns of his fellowman. He was not only sneered at as a fakir, but was persecuted and finally arrested, tried, and convicted and imprisoned for doing good, and through it all he wavered not, but conscious of right he steadfastly trod the Chiropractic path and absolutely refused to be either led or driven aside.

He has gone, but Chiropractic remains and will remain forever. Monuments of granite towering upward to the skies, eulogies spoken and written in the most eloquent language known to man are now of no avail; his eyes see not, his ears hear not. It is only left to us by our devotion to Chiropractic to rear to his memory that which surpasses the grandest monuments, the most beautiful eulogies — health and consequent happiness to the suffering world.

He has left us no wealth with which to endow colleges or sanitariums, but he has left us a much more valuable legacy, a son, who will make the name of Palmer a household word to be known and revered while truth shall endure.

Dr. Hender: The next speaker is one well known to nearly all of you. He was well acquainted with Dr. Palmer from the start of his work in Chiropractic. He needs no introduction, except that I will mention the name — Mr. Murphy.

Mr. C. H. Murphy: Mr. Chairman, Brothers and Sisters in Chiropractic: Paraphrasing the statement made by Mark Antony at the bier of Julius Caesar, wherein he says: "I come to bury Caesar, not to praise him," we have come to praise a man

here because two thousand miles or more intervene between this space and the setting sun beneath which his body will be buried, in the land where the sun sets in all its glory, beneath the horizon on the broad and placid Pacific. We come not to bury, but to resurrect. We come to praise, for I believe something in that same statement of Mark Antony — "The evil that men do lives after them; the good is oft interred with their bones."

That is very true in some cases, but this is one of the instances that make that the exception to the rule, that the good that Dr. D. D. Palmer did in his lifetime is not interred with his bones or cremated with his body.

I do not know what your peculiar religious beliefs may be, nor do I care, but I am here to say that I believe that an all-wise Creator had something to do with our beginning. To those of you who have studied anatomy, I ask, "Who else but a God could create it?" If God alone is the one who is our creator, then why isn't it possible for that God to have created within this shell of ours something that will live forever? I believe, as William Jennings Bryan says in a beautiful peroration which he delivers on the majesty of the soul, wherein he takes you back to the pyramids where for three thousand years or more lay a small kernel of wheat, which was taken up after the elapsing of that time and planted in the soil, and it sent forth a shoot, and out of that head came many kernels, showing that after three thousand years there was still life enough in that small kernel of wheat to have thrown out something that produced its kind, and he says:

"If God could place in that little kernel of wheat that had been buried for three thousand years, or more, something that lived all of that time, I shall not doubt but that he has power to create a soul."

I know there are good men who believe that this life ends all. Where they get their reason, or how far they get from the path in which they had started at their mothers' knees, is more than I can understand; for, despite my doubts and despair in the days which I have stood upon the brink, there never was a time that I fell over to the other side.

When a man has gone through this life, and has left his imprint in some way in some community upon some people, or leaves

progeny who do make their imprint upon the world, then we say that that man or woman did not live in vain. How often we have heard it said when a good man is found in the community, that he is a wise man, a strong man, an able man! It should have first been said of him that he had a good mother, a wise mother and a good father. Why? Because we have just as much to do with rearing ourselves or training ourselves and being what we afterwards are as we have about the running of the stars, or the moon, or the sun, only as we receive instructions from our elders.

We have not come here to palaver and say that Dr. Palmer was one of the greatest and wisest and best men that the world ever knew. I would not say that, because if I did I would be lying in my own heart. I did not believe that of him. He would not have me believe it of him. He was a man who was too combative and too aggressive and too much set in his own way to have anybody that knew him well to believe that of him, and he would take that rather as a weakness than as a word of praise in his favor. He was just an ordinary man, but endowed in a great many ways with extraordinary faculties, keen perception, and with a great many of the ways of the people whom we call Yankees.

It has been my fortune to have known this man from 1892 or 1893. Meetings such as this have been held from the very earliest recollection of man or woman, and they would be useless if they were but to speak of the dead, thinking they would be of no benefit to the dead, but they are rather as examples to the living, showing a mark of respect, as it were, to the dead in the hopes that the living will take it as an example for us when we are called from this transitory sphere to pass out into that other and, as I believe, better world. Somebody has said that life is but a span. If you want to get a view of life, just look into the hourglass and see how quickly the sands run from the top to the bottom. That brings to mind a part of the soliloquy of Woolsey:

"This is the state of man: today he puts forth the tender leaves of hope; tomorrow blossoms, and bears his blushing honors thick upon him; the third day comes a frost, a killing frost, and, when he thinks, good easy man, full surely his greatness is a-ripening, nips his root, and then he falls."

And add to that another little line from Emerson:

"Like autumn leaves to enrich our mother earth."

Man is here but a short time, and these gatherings, such as we have here this morning, are just, as it were, to pass out a word of sympathy and condolence, and to say a few words in respect to the man, whatever may have been his failings and foibles.

Dr. Palmer was a man, my friends, whom I have known, a man with whom I have had discussions, and a man whom I, to his face, have said as mean things to and about Chiropractic as any one man ever said to another, and still it never lessened in any wise the friendship that existed between Dr. Palmer and myself. Sometimes I did it in earnest, and sometimes I did it in fun to get him started, because if you got Dr. Palmer just oiled up to a proper condition, he could certainly go some—and I, with others, have taken some little pleasure in seeing him go.

The speaker preceding me has said that Dr. Palmer was a most peculiar man and different from almost any other man that you could know. We who knew him best, we who were in daily intercourse with him, knew him better than his own family, because we knew him as men know men. He loved a quarrel. There was no man that I ever knew that loved a wordy quarrel better than Dr. Palmer. He would seek it. And in that way we oftentimes got him into our offices and then opened up on him. But I well remember the time he got back at me for all I had done in tormenting him. He was a man that enjoyed a joke or a comeback better than any other man that I know, and he could rub his hand and smile with ghoulish glee when he got it on you.

One morning I found myself in very bad shape, with an attack of sciatica. I had had the attacks before, and I always took what I called a warming up before I went to my office. So I got to the car. It was in 1903, I think, I went down to my office, but I got off the car at Fifth Street, and I said, "I will warm the old fellow up before I go to the office, and by walking three or four blocks I will get my leg warmed up and working all right, because I had lots of work to do that day." I remember just as distinctly as can be that it was Friday. The unfortunate part of it was that when I got down to the building I found I had to walk up two flights of stairs, as the elevator was out of whack. When I got to my office I was completely done up. Dr. Evans, my next-door neighbor, came in and said, "What is the matter with you, Con?" I said, "Doc, this plagued old rheumatism has got me again; I cannot work my right leg, only with great pain." He said, "Why don't

you go up and see Dr. Palmer?" You know what I said — "fake", "quack", and the like. I said, "Now, Doc, you are making fun of me. I have got something the matter with me, Doc, it isn't a matter of imagination. It is no mind business with me — it is real."

Dr. Evans didn't exactly like that, so he slips out and goes up and tells Dr. Palmer. Dr. Palmer said, "Bring him up and it won't cost him one cent." Of course that was some inducement, although I had never heard of him touching anybody up very strong. Dr. Evans insisted that I go up and give him a chance and, to make a long story short, I did.

I remember very distinctly that Dr. Evans wanted to go in and see what was being done, but Dr. Palmer said, "It costs you \$500.00; stay outside there," and he took me in and adjusted me. I am going to be absolutely honest with you. He said, "Get up!" I did, and sat down on the business he had there to adjust people on. He said, "Come here." I said, "You blankety-blank old fool, I cannot walk." He said, "Come here, Con." Well, I put out my leg and said, "Why, you have done something, haven't you?" He said, "Yes, there is nothing the matter with you, is there?" I told him, "No."

That room was about thirty by thirty, and there were more old sisters and brothers in Israel there than you would imagine; more than you would generally find at a prayer meeting in Illinois on Wednesday night, or Iowa on Thursday night; and before all that bunch I had had my say to Dr. Palmer. I remember it as well as I remember my own name. He laughed, because he knew he was doing something and I didn't have one particle of faith or confidence in his doing it. There was one of the instances where you got something even though you lacked faith. The church people, I believe, say you must have faith in order to accomplish anything.

But I made my remarks, and those poor old souls looked upward, and when I came out of there — I walked out — Dr. Palmer got in the doorway, put his arms out, and said, "Now, Con, what do you think of the blankety-blank old fool?" That was more pleasure to that old man, to have upset me in that peculiar way of his, than anything else could have been. He never took any umbrage at what we said, because he knew he had something.

The first man that Dr. D. D. Palmer ever adjusted was a colored man, despite all that anybody can say to the contrary. Harvey Lillard was a colored man. He was the first man that I ever heard of being adjusted or ever heard make any kind statement for Chiropractic. I have understood that somebody since has said that Harvey was white. Well, Harvey, I believe, is dead now, and maybe he has gone to that land where distinctions as to color are not known.

Dr. Palmer, it is true, invented, brought forth, and made Chiropractic what it was up to that time, *but it has remained for his son to develop it*. When he left for California *the first time*, he left a stripling of a boy to take charge of the business. McCormack may have been the inventor of the first reaper, *but it has taken from 1837 to the present time to make it what it is today*. The first automobile was built in 1880, I believe, and I suppose that the first one in Davenport came about 1898 or 1899 — only twelve or fifteen years ago. See what the development has been since the first horseless carriage was driven long ago; then let your mind go back to the time, twenty-seven or twenty-eight years ago, when Seldon invented the spark and never used it, but kept taking patents out until the automobile became a reality, when he stepped in with his patents.

So it is with this science of yours that you are studying now. *It was practically unknown when it was first taught by Dr. D. D. Palmer*. It is developed now, and there are three schools here in Davenport, one across the river, several in Michigan, some in Oklahoma, some in the land of the setting sun, some on the east coast of these states of ours, and it will not be long until there are schools across the seas.

The first step was taken here in Davenport; the first student came here and the first school was founded here; *and it was developed by the young man who was left here to look after the business when the father went to California*. All praise and credit be unto him in whose brain the first part of the science was founded; he is entitled to all credit that belongs to an early pioneer in that peculiar or particular line of human endeavor.

If Dr. Palmer were alive, he would scorn the idea of having us come together here, and he would scorn any fulsome flattery as to his entire life. No man could, in justice to him and to himself, come in here and speak other of him than as he was, and I

believe that is the true sermon or sermonette, to tell the truth, drawing the mantle of charity over the shortcomings and misgivings, believing that every man acted according to the light that God gave him, believing that whatever he did was for the best interests of himself or society.

Now, when the sun goes down tonight there should be no mourning; there should be no weeping; there should be no gnashing of teeth; there should be no crying out in despair because he has passed away.

He had his peculiarities, his idiosyncrasies; in fact, he took a pleasure in things that the ordinary man in ordinary business life would not have taken pleasure in. In all these things he was but a man. There is no great reason why we should feel that we have lost everything when he goes. The world will move along. There have been a thousand things brought forth by the demonstrators of Chiropractic since the early days of Dr. Palmer that would make it absolutely unrecognizable by him if he had seen it face to face.

Your being here this morning is simply to pay respect to one who has made your presence here a possibility, who has brought forth into the world something with which you expect to go into life as your life's work, giving it your best endeavors, your fondest hopes, and your greatest aspirations. And when any one man—no matter how large or small he may be—can bring something good which year after year brings forth the brainy young woman and the earnest, intelligent young man into a gathering like this that they expect to learn and take out into the world with them, that they may relieve the distresses of mankind, put an end to the miseries of a long suffering humanity, bring relief to the troubled minds of the sick, by the process of a Chiropractic adjustment—then I want to say that that man who first invented or discovered that great movement is worthy of the highest tribute of respect that one man can give unto another. In being here this morning with your faces lit up and your hearts quickened with the hope of being able to do a great good for a suffering humanity, and giving us your attention, you are paying just as much respect to his memory as if you stood at the open grave and cast flowers in on his last resting place, saying, "Earth to earth, ashes to ashes, dust to dust."

Dr. Hender: "The news of Dr. Palmer's death came to us rather abruptly, and the class presidents were called together. Each one asked to send a telegram of sympathy to Mrs. D. D. Palmer, Los Angeles, California. The faculty sent one; Dr. B. J. Palmer sent one.

(Following telegrams addressed to Mrs. D. D. Palmer, were read.)

"The Freshman Class of The Palmer School of Chiropractic tender to you their sincere sympathy in your loss. We appreciate the value of the science which Dr. D. D. Palmer founded, and, realizing its great value to ourselves and the world, we would now at this time pay our humble tribute to his memory.

"Fred C. Terry, President Freshman Class."

"In behalf of the Junior Class of The Palmer School of Chiropractic, of Davenport, Iowa, we wish to express our heartfelt sympathy in the bereavement of your dearly beloved husband. May the Lord comfort you. Although the founder of Chiropractic has passed away, the great science will live forever.

"H. D. Ritter, President Junior Class."

"On behalf of the Senior Class of The Palmer School of Chiropractic, Davenport, Iowa, we individually and collectively extend to you our sincere sympathy in this hour of your bereavement.

"Ben P. Rathbun, President Senior Class."

"The Faculty of The P.S.C. extend to you our sincere and heartfelt sympathy in the mutual loss of your husband and our Chiropractor parent.

"J. C. Wishart, D.C., Chairman of The Faculty."

"The Chiropractic profession has lost its father. Its originator is with us no more. His work and works will be lost only as history appreciates what he started. It develops upon those of us who survive to carry the work on as he desired that it should be. Every Chiropractor joins with me in extending to you his deepest sympathy for the days to come, in which you will feel the loss only as we can second. You will lose him as a devoted husband, I will lose him as a father. The Chiropractors will miss him as their preceptor.

"B. J. Palmer."

Dr. Hender: I am now going to ask Rev. J. H. Craven to close with a prayer and benediction.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 9, No. 12, December, 1913, THIRTY-EIGHT YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 35

The Story Of PRESENTATION OF D. D. PALMER'S PERSONAL BELONGINGS TO B. J. PALMER

(Lyceum, 1915)

Address by Col. Sol Long

(THE CHIROPRACTOR, A Monthly Journal, Vol. 11, No. 11, November, 1915, THIRTY-SIX YEARS AGO. Published by The Palmer School of Chiropractic.)

Explanation: To understand indirect references made in this Story and B.J.'s response thereto, and to know importance of Sol Long and what he is about to do, we refer you back to WITH MALICE AFORETHOUGHT (Vol. xxii, Palmer, 1949). In that complete and unabridged mass of data, it was shown that Sol Long was the bitter attorney who endeavored to "prosecute B.J. into prison for the deliberate murder of his father." At the time that Story went to print, we searched everywhere for this Story and B.J.'s reply, but it seemed to have disappeared. Yet, here it was printed in another publication. It is a complete repudiation by Sol Long of all his previous charges and attitudes. We hope this completely allays further gossip-mongering.

My friends, if I had any trepidation whatsoever in coming here, it certainly would be dispelled by your very generous welcome.

Chiropractic is bigger than any one man. Chiropractic is bigger than all of the honest and conscientious practitioners in the field today. Chiropractic is as big as every honest, conscientious practitioner, and every friend and well wisher, but while it is bigger than any one man, of necessity, the procession of events in all things necessitated that some one man become the leader or the forefront of Chiropractic.

Now I have no apologies for standing here this day to talk to you or to another. The past is dead, which some of you may think about. We have buried it and forgotten where the grave is, but I do have a duty to perform. I am not afraid of being called inconsistent, nor am I afraid of that bogey man "humiliation", for the reason that I have come to that point in life where the only thing I fear to do is the wrong thing. I fear to do the wrong thing, and I make mistakes like we all do, because in the

history of the world there is only One who was faultless, and many people tell me He was more than man. I make no claim to deity, except that common relationship we all may claim. So, my friends, today I come to perform a duty.

I said Chiropractic must have a leader, a man who is in the forefront. I speak advisedly, because I bring a message from a part of the Chiropractic field which is not of you intimately in the way of comradeship as it should be. The pathway of the leader is always the Gethsemane road. It has always been the Gethsemane road, and it always will be. He may smile and always will present a brave front, but I know, and everyone who has read history knows, that the path of the leader is the Gethsemane road always. As Ella Wheeler Wilcox says, I am sorry for that class of humanity:

"I am sorry for the strong, brave souls,
Who earn success, to stand
As targets for the arrows shot
By envious failures' hands."

So I do not envy anyone his position as a leader of Chiropractic, or any other movement. So before I come to the real thing *for which I asked permission* to address you, I want to say I am not here at the command of any man. I am here because I believe that that part of the realm of Chiropractic that I represent can be best served thus, for one reason, but the best reason is because I want to be true to myself, to keep my soul alive and show you people I believe in Chiropractic and want to do the right thing now, as I always in the past did what seemed to me the right thing at the time. With this explanation that I would take it as being traitor to myself and a scar on my soul to not say that I have made mistakes, I want to pay a little tribute to him whom I have come to regard, not only from my own estimation but from others I have met in the field, as the most salient factor in Chiropractic.

During the late unpleasantness (and I hope this is the last time I will ever have to refer to it), there came to me a little token from the founder of Chiropractic. Now I am not a spiritualist, but you have all read the letters which passed between myself and Dr. Palmer. Before those letters passed, there seemed to be some strange impression upon me that I should cease and at least forget — no idea at that time of making friends, but that

came in the logical sequence of events. Then, after these letters had passed, this feeling came to me. I had these little things. Finally I came to the conclusion that at this homecoming I would ask for the opportunity to be heard, and I would present these mementoes to the man to whom they belong, *as the leader of the salient forces of Chiropractic — your leader, B. J. Palmer.*

As I said to you, I am not a spiritualist after the ordinary acceptance of the term, but I do believe in immortality. I do believe in the omnipotence of the ego, and I do think at times and upon occasions, just as spirits came to Joan of Arc, just as they have come to others, that there is a spiritual influence from the beyond that influences men, and if it weren't for this cowardly attitude of being afraid of censure, of being afraid of being humiliated, as the world terms it, the world would be better and we would listen to and more often hear those messages that come — just how, we cannot tell.

I have here the badge presented to D. D. Palmer and worn by him on every state occasion. During last fall it was sent to me with the request that I wear it during the last convention. I wrote back and refused to do so, as I said I did not feel myself worthy to do so. Further than that, I said when the time comes that I find one whom I come to believe worthy to receive it, I am going to give it to him, if I live long enough.

Here is the last knife that D. D. Palmer used. My friends, they are small things, of course, intrinsically of little or no value, yet they have sentimental value, a value over and beyond their trinsical one, and I am going to bestow them as my conscience bids me, in spite of all the powers of earth or heaven, or the pit. I want to do what I would want another to do if I were in his place, and therefore, my friends, I want to give them to the man to whom they belong, not only by right of possession, but also by having suffered. Dr. Palmer, will you please come forward?

(Dr. Palmer stepped forward, and Col. Long pinned on his breast the historic badge originally worn by D. D. Palmer.)

Dr. Palmer, I want you to keep that as a memento, because it belongs to you as the successor of the man who founded Chiropractic, and also I want you to keep it as a reward of your own efforts, because you have walked the road of Gethsemane, and you stand today as the foremost figure in Chiropractic and it is

up to you how long you keep that position. I cannot dethrone you, nor can any other. This badge has on it the letters O.C.A. Dr. Palmer, I have pinned that badge on your breast. Let the letters "O.C.A." stand henceforth not only for what they may have stood for originally, which I know not, but for "Our Common Aim." The badge bears the emblem of innocence, a baby and a woman. I regard the gentleman not only entitled to wear them, but I do know, Dr. Palmer, that you will wear them honorably, and I do know further — you may call me foolish if you will — that the founder of Chiropractic has had his hand in the consummation of this part of your morning's program. I thank you.

RESPONSE OF DR. B. J. PALMER TO COL. LONG

For the first time for three or four years, Col. Long and I spent all day yesterday together, talking it all over as only two cronies could do. You can rest assured that I can tell you with every feeling of my heart that I enjoyed every minute of yesterday and I lived it all over again last night. It was 2:00 o'clock when I dozed off to sleep. Meanwhile, I relived the day, hour by hour and minute by minute. You who are living the easy path cannot realize what yesterday meant to me, and what yesterday meant to the Colonel. Only those who have been there can understand.

I had a funny experience a short time ago in Arizona. I was visiting an insane asylum, and I saw one lone nurse in charge of fifty insane women. I said to the nurse, "Aren't you afraid that these fifty women will get their heads together and run away?" The nurse innocently looked at me and asked, "How long have you been in?" I told her I was not an inmate, and she said, "Well, if you're not, you should me. Anybody that would suggest that fifty insane people could get their heads together and do one thing is insane." Well, the Colonel and I have our heads together.

Somehow, this gathering reminds me of "The Birth of a Nation" — unquestionably the greatest "movie" in the world today. Those of you who have seen it will remember in the last few reels the gathering of the clans. This is the gathering of the clans around the mother home. The Colonel is with us, other clans

are with us, there are only two clans yet to join us. In a year or two they will be with us. It is inevitable. The law is at work and no one can dispute the final conclusions of law.

If we Chiropractors but realized our combined power, we would realize more than ever that we are almost an invincible army, an army that can know no defeat, provided we combine on our common interests, and you who come to us are realizing that the common interests are cementing. It is only a question of time when we will all be cemented.

This summer, while in the West, I had the extreme pleasure of being the guest of the widow of my father. We were guests at her home at several small dinners, several small parties, and during the course of the visit I was given father's gold watch, his chain, his charm, the pocket knife carried by him for thirty-five years, his walking stick, and several other mementoes. I have since been of service to the widow in ways which will later appear. And other factions in the clans are all gathering to the end of common defense.

I mention these things by way of showing that these mementoes are dear to me, perhaps more dear as the property of the discoverer of Chiropractic than they are as my father's property. It is to be hoped that next year we can welcome you to our new building. It is in the making. It is almost here. The loyal and royal support the Chiropractic profession has given us is making this a possibility. Somehow I feel that more is at stake in the growth of this institution than any other, and I say this not in a sense of disparagement, because I know amongst our enrollment we have representatives from nine other Chiropractic schools here today. I welcome you all but somehow the sacrifice which we all are making has not been within your privilege to make, though I believe if the need for sacrifice were to come to you, you would make it. It is our duty, and would be your duty, but circumstances over which we have no control have thrown the sacrifice upon us. We have assumed it, always believing that if Christianity is what it purports to be, it brings to us one lesson we cannot overlook. I never can forget the picture of that one lone man carrying the burden of the cross on his left shoulder, and then was nailed upon it, the crown of thorns jammed down upon his head, spat upon, a spear stuck in his side.

And, after all that, he looked down upon his accusers and then up into the sky and said, "Father, forgive them, they know not what they do."

It behooves us all to be forgiving. I have tried to be charitable to those who would do otherwise, and when the opportunity came it was one of the greatest pleasures of my life to be able to take the Colonel into my life and heart, into my private home, and make him a guest in our home; take him into our professional family and say: "You are more than welcome to address our boys."

The Colonel is here. We are one. We are no longer insane. I could imagine no greater evidence of esteem on the part of the Colonel than what he has done this morning. There is nothing I can wish more than the spirit of the presentation shows. I shall do my best to live up to the glowing words of the Colonel in describing my position. I have never felt that any such honors were coming to any one individual; do not feel today that I deserve them. When I realize how little I have done and how much has been left undone, I grow deadly discouraged and blue and despondent—I am ready to quit many times—but when you ask for things, I cannot refuse. My flesh is weak, but my spirit is strong, and when you ask for help, it is coming if I can give it. It is for you to keep us on the road; and how could I refuse anything you might ask in the light of the spirit you displayed this morning.

One of the purposes of this lyceum is to get all you representatives of various clans here and enthuse you with The P.S.C. spirit—to make you greater Chiropractors; not merely to make you a greater Chiropractor in the sense that you can make more dollars, but that you may be of greater service to humanity, that the sick may be restored to health, that those appealing eyes may be brightened, that pain racked body eased, life prolonged, that men and women may keep all they were born with, so that when the resurrection day comes it will not be necessary to go to a dozen different laboratories to collect the different parts of anatomy, removed in various operations.

We have in our midst at this lyceum several physicians and surgeons. I welcome you. You are here for truth, and I hope a lot of it may permeate your hardened souls. You know much,

you physicians, but all that you know is wrong. As Chiropractors, we do not know much, but all that we know is right. And a little of the right downs a great deal of the wrong. The story of David and Goliath comes in handy. I want to call your attention to the Colonel's motto on the blackboard: "The medical slogan — KEEP OFF THE GRASS; the Chiropractic slogan — KEEP FROM UNDER THE GRASS."

Now, dear friends, the registration last year at our lyceum — which was our first attempt — was over 800. At present, registration is running close to 1,200 — 400 more than last year. We hope the week will be valuable and that your expectations of a good intellectual and social time will be fulfilled. We have prepared much for you, and you are all welcome. The welcome is from myself down thru every individual member of the faculty and every employee of this institution. Anything we can do, we are at your command.

To you, Col. Long, let me say the gathering of the clans has taken place, and from now on mutual interests will be united. The hatchet has been buried and the grave has been forgotten, and the friends are together.

I thank you all very kindly.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 11, No. 11, November, 1915, THIRTY-SIX YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 36

The Story Of REMARKS AT THE LAYING OF THE CORNERSTONE OF THE D. D. PALMER MEMORIAL

By D. A. Williams, Student at The P.S.C.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 12, No. 8, August, 1916, THIRTY-FIVE YEARS AGO. Published by The Palmer School of Chiropractic.)

Mrs. D. D. Palmer, Dr. B.J. and P.S.C. Faculty, Fellow Students, and Friends:

We are today participating in a vital ceremony. We are making history. We are laying the corner-stone for a new building of a great institution.

Institutions are great only insofar as they stand for great ideas. Ideas are great only insofar as they minister to the vital needs of mankind, and by so doing increase the welfare of humanity. We know this to be a great institution from the facts portrayed in its record. It does daily increase the welfare of humanity by supplying one of its most fundamental needs.

Already the idea for which this institution stands has become very precious to the hearts of thousands. But there are untold millions still who do not even know of the existence of the great idea. The task, therefore, now is to acquaint the entire world with the Chiropractic idea. This is a big task and the future greatness of the Chiropractic idea depends upon how well it is performed.

This task cannot be performed by the grand master alone. In the past he has often been able to execute his own designs. He has accomplished much; he has done nobly. But for the realization of his dream, for the progress and advancement of Chiropractic in the future, he must rely more and more upon fidelity of the craft. To this end the craft must be worthy and well qualified.

With this view in mind, then, as grand master, B. J. Palmer, D.C., Ph.C., today lays the corner-stone of the D. D. Palmer Memorial, permit me to lay in your Chiropractic structure, yea, in the very heart of it, a very precious corner-stone. And upon this corner-stone permit me to engrave one word only—TRUTH.

Only the person who has truth as the guiding star of his life can become and remain a Chiropractor in the true sense of the word. It is the key of our science. It is the beginning and the end. It is the summum bonum. The one who possesses this virtue will have all the other qualities necessary to the performance of his duties as a Chiropractor. He will have the courage of his convictions. He will be glad to make great sacrifice. He will have the patience that will enable him to wait that truth may survive. And cooperation will be the impelling idea in his methods.

With this great idea steadfastly pursued in the way suggested by Dr. Palmer on the one hand and the student body and the Chiropractors in the field on the other hand, the task will be well done; the future greatness of Chiropractic will be assured. Moreover, this day will be one forever to be remembered. Future historians will select it as the beginning of a new epoch. Our children and our children's children will refer to it with proud acclaim. This building will become a shrine. To some it will even become sacred. It will in reality become a veritable fountain of life. Many a weary traveler, as he struggles along life's rugged path, will turn aside to drink of its life-giving stream. Shouts of praise and thanksgiving will ascend from the great throng of suffering humanity because of the great idea to which we here today renew our allegiance.

(THE CHIROPRACTOR, A Monthly Journal, Vol. 12, No. 8, August, 1916, THIRTY-FIVE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 37

The Story Of WHAT IS GENIUS?

By J. M. Loban

(1912 School Announcement — THIRTY NINE YEARS AGO. Published by The Palmer School of Chiropractic.)

Is it a special and peculiar quality of mind possessed by an occasional individual out of the multitudes?

Is it simply that natural ability, that lofty plane of development which follows the maximum and continued application of concentrated intellect upon one certain department of thought? Is it, in other words, simply the highest wage nature pays for hard work?

Or is genius the NORMAL and PERFECT expression of a soul through the medium of the physical brain and centered on some definite creative purpose?

Who can say?

But whichever of these three theories is correct, it is an undoubted fact that the evolution and dissemination of any new truth is always brought about through some one man of genius first.

Chiropractic offers no exception to the law. Conceived by accident, misunderstood and undeveloped for some years after the conception, the world was for a time in the peril of losing the greatest boon that has ever been given to mankind.

It has been said that great needs produce great men — and the man of the hour was forthcoming. Through the efforts of that one man, backed by the fire of his genius, the truths and principles of this grand science have been and are being evolved.

B. J. Palmer is not a large man, physically. Mentally, he is one of the largest men the world has ever seen. If my first suggested explanation of genius be the correct one, then he certainly may be said to possess genius; for never have I met such a man who possessed this faculty for original philosophical thought.

His undisputed title to the leadership in the Chiropractic world is the more remarkable when one considers his limited opportunities in early life and his present comparative youth.

His genius is certainly not the product of education; it can scarcely be said to be hereditary. Whence, then, comes this marvelous power and grasp and penetration?

If we accept the second explanation of genius, it is a fact that Dr. Palmer is an indefatigable worker. He is the personification of energy. He works from early morn until late at night, often burning midnight oil that his students may be benefited by the presentation of some grand new thought and the cause of Chiropractic still further advanced.

He thinks Chiropractic while he eats, talks Chiropractic, and dreams Chiropractic. In his office, in the classroom, in streetcars, in his study in the wee sma' hours, even on his occasional outings, his busy brain is ever active with one subject — the child of his genius — Chiropractic.

With him, it is an obsession; it is at once his highest pleasure and his constant work.

Dr. Palmer could have been a great musician or a great lawyer. But those talents lie still undeveloped because the man's whole life is the energetic expression of one fixed purpose — the spreading of the truth of Chiropractic. In pursuance of that purpose, he has given up possibilities of wealth and what most men would deem happiness. He himself is unaware that his whole life is the expression of the highest altruism.

And if genius be the normal and perfect expression of a soul, who, having known B. J. Palmer and listened to his lectures in which he advances extemporaneously principles and truths which make the brains of his hearers reel with their depth and magnitude — who, I say, that has felt the magnetism and force of that personality of the man can doubt that *there* is the *perfect* expression of a soul unhindered?

It has been my rare pleasure to have known Dr. Palmer very intimately. I have worked with him, eaten with him, and slept with him. I have studied him and probed the depths of his mind, and analyzed him as perhaps no one else has ever done. I have seen him in all his moods; at times have been given glimpses of quality and power that baffled description.

And I say to you that the world, when this man dies, will sustain a loss like unto the destruction of a nation — a loss which cannot be estimated.

And withal his greatness, our Dr. B.J. is very much of a man. He is sensitive as a woman, sincere and just in all things, lenient to a fault, but capable of stern, unflinching and decisive action when occasion demands. He is quick and unerring in his decisions and his command of the minute details of his work is marvelous.

He has everything in Chiropractic at his finger ends and can refer you instantly to the page on which may be found any given quotation. He has a keen sense of humor, though it has a chance to find expression only in his infrequent moments of relaxation. The doctor has a faculty of making a friend of everyone he meets. There is something about him which is decidedly winning, a charm, not so much of appearance as of personality.

He is a very capable and painstaking instructor and takes the keenest interest in each of his students.

But the greatest tribute that can be paid the man is to refer you to what he has accomplished. His many published and unpublished volumes and lectures on the subject of Chiropractic will stand as a monument to his ability long after his death; his successful students, carrying his message of health to the ends.

He does three men's work daily — and does it cheerfully and hopefully, always looking forward to the time when all the world shall have access to health and vigor.

So here's to the real force in the Chiropractic world — the underlying source from which every Chiropractor, consciously or unconsciously, gets the best that he has — B. J. Palmer, D.C., Ph.C.

Do you know him? If you do, I am sure you must appreciate his worth. If you do not, you will some day condemn yourself for a lack of discernment.

And if you do not know him, I, who know him so well, advise you not to miss an opportunity of becoming thoroughly acquainted with a man who can do more for you, in every way, than possibly any other on earth.

(1912 School Announcement — THIRTY NINE YEARS AGO. Published By The Palmer School of Chiropractic.)

CHAPTER 38

The Story Of THE FIRST SHALL BE LAST and THE LAST SHALL BE FIRST

(1912 School Announcement, THIRTY-NINE YEARS AGO. Published by The Palmer School of Chiropractic.)

Fifteen years ago, Will (Hickey) and Bart went to school together. They teased, played the usual boy tricks, slid down hill, skated, and enjoyed the companionship that chums do while attending school. Both graduated from the grammar school, both attended the first year in high school, then for general reasons both quit school.

They grew apart and finally lost sight of each other, as men do, when each assumed a different commercial enterprise. Altho both were in Davenport, yet the character of their opposite businesses separated them. Will went into a mercantile business (tobacco) and at first worked hard as a laborer. His business grew and he became the foreman, partner, proprietor, boss, and finally the multimillionaire owner. Bart developed a drugless system known as Chiropractic. He, in turn, was the janitor, fireman, scrubber, servant, partner, proprietor, scientist, artist, and philosopher of an immense school.

Will finally took down with nervous prostration, called in family physician, and was advised to take a rest. Was first sent to Excelsior Springs, Missouri. This did no good. Returning a failure, he was advised to go to Florida for the winter. This failed. He was then directed to specialists in Chicago. A course of treatment there under "world-noted physicians" did not do the good desired. Returning home, he was shifted from place to place. Finally he drifted into the hands of some of "America's greatest" in New York. There he was directed to try "greater specialists" in Berlin and Leipsig.

At each place visited he was given a most thoro examination, taking hours of time, palpated, searched from head to toe, and each time he was given a regular course of treatments. Daven-

port directed him to Chicago; Chicago to New York; New York to Europe. Now that he had been before THE BEST in the world and they had failed, he asked for candid facts and the truth. The latter specialists, not knowing where in the United States he was from, advised him to return "to the noted Chiropractic School at Davenport, Iowa." Meanwhile, Will sat still and listened. They told him they were "unable to reach his case," but they were "certain that this new idea, of rapidly earned international fame, which had lately been born at that place, could cure him"; that it was "stirring the medical fraternity into a frenzy of bewilderment, and would, by the very effect of its delivery of results, soon obliterate them from the professional field."

The physician admitted the truth to his new patient only on the ground that he wanted to see him live, if such were possible, and that this was now the only thing left that offered any ray of hope. Will sat there in bewilderment, listening to the tales of what this noted doctor had to say of a profession born IN HIS OWN CITY, of which he, like many others, was entirely ignorant.

Without telling where he was from, he returned to his hotel, packed his grip, and immediately returned to his old home town. Arriving at Davenport, he telephoned The Palmer School of Chiropractic and arranged for consultation. Arriving at the School he was ushered into the private office of the president, when they recognized each other as old school chums, "Will and Bart." Pleasantries were dispensed with for the present, and Will began taking adjustments. After Will was better, he told Bart about his experience of being chased around this country and over Europe, only to be directed back to his home town. When asked why he did not state he was from Davenport, Will said: "I would be ashamed to tell those people that I was from Davenport, the birthplace of this science and institution, and had to go to Europe to find it out."

Will is now hale and hearty — a well man.

It proves that often we have with us the things we need most and do not know it. Look! Take advantage, save money, time, and expenditure of forces.

Will is well. The last shall be first and the first shall be last.

(1912 School Announcement, THIRTY-NINE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 39

The Story Of TRAITS OF GREAT MEN

(Fountain Head News, October 4, 1919, THIRTY-TWO YEARS AGO.
Published by The Palmer School of Chiropractic.)

Fifty years ago, Emerson remarked upon the solitude of great men.

Mark Twain's essay, "What Is Man?" comes as a striking confirmation of the Concord philosopher's insight.

The man of first-rate talent, Emerson said, always feels a gulf between himself and the crowd, and never fully reveals himself. If the man of ability is not actually a recluse, denying himself to society, he is a hermit in that and never takes his fellowmen fully into his confidence.

Mark Twain was a man of first-rate talent. Tho his own countrymen have considered him only a humorist—that is, a mountebank—foreigners have appraised his true stature and have placed him in such immortal company as Kabelais, Ver-vantes, and Swift. In other words, Mark Twain was only a comedian to the vulgar. To the elect he was a philosopher who taught thru satire.

It is only in his posthumous works that Mark Twain is revealed as a man who thot deeply and sadly about life. While he was living he concealed his true opinions, but now that he is dead and beyond the reach of censure or misunderstanding, we know, in part at least, what he really thot.

This reticence before the world is, as Emerson said, a characteristic of all first-rate men. Yet it may be accompanied by an appearance of frankness which deceives the multitude.

Abraham Lincoln was a typical case. All serious biographers of Lincoln have emphasized his loneliness. The story-telling, the bonhomie which made the common people love him, were nothing but a mask. Nobody knows or ever will know the true Lincoln.

The controversy as to Lincoln's religion shows there is more than a probability that Lincoln's religion was a vague deism and that he felt himself to be no wiser than a child in face of the Great Mystery.

This aloofness of first-rate minds explains why there are so few autobiographies of great men, and why such autobiographies as do exist are so universally unsatisfying. It is said that in all the history of the world there has never been a completely frank autobiography, even among those that purport to be "confessions".

There are in fact only a scant half dozen of these "confessions" that really confess. Such works as those of the famous Jean Jaques Rousseau or Benvenuto Collini, tho they give glimpses of thots and actions that those men would conceal altogether, are after all palpably written to shock the reader. They invariably leave the impression that the author was posing and saying, "See what a devil of a fellow I have been."

The diary of Samuel Pepys is only an apparent exception. Tho he gossips so frankly about his contemporaries and often reveals himself in a ridiculous or mildly despicable light, it must be remembered that the original diary was written in shorthand and was not intended to be read by Mrs. Pepys or anyone else; and that it did, in fact, lay unciphered in the Boldeian Library for more than a hundred years. And frank as the diary is, it is apparent that old Pepys refrained from putting down quite as many things as he wrote.

If autobiography is reticent, biography is no less so. It is only within very recent years that any biography has been written that did not conceal more than it revealed. Biographers have always assumed a superior attitude of knowing what the common people have a right to know and have written accordingly. In other words, the biographers have simply confirmed the instinctive feeling of the first-rate man, that the crowd will only misunderstand.

But this fear of being misunderstood is only a partial explanation of the reticence of a great soul. The other part of the explanation is the sense of individuality.

Individuality is the sense of separation from everybody else, the feeling that one is different from every person in the world. To share one's innermost thoughts with anybody or everybody is to lessen one's individuality by so much. Even when a revelation would lead to understanding, the first-rate mind shrinks from the revelation. What does it matter whether or not the multitude understands?

The posthumous publications of opinions concealed during life and posthumous explanations like Bismarck's *Memoirs*, are actually not attempts to be understood by the multitude, but are essentially a satirical defiance flung in the face of the crown from the safety of the grave.

The reticence of the great is believed by the multitude to be a manifestation of power. The proverbs of every country testify to the value of silence. But here again the multitude is wrong. Men are great, not because they are silent; but they are silent because they are great.

If the great refuse to reveal themselves to us, we shall make every attempt to get at their reality thru other sources. This is the basis of the new biography that has arisen in recent years. Perhaps it has been a little too eager in its unmasking of greatness—a little too pleased to tell us that Benjamin Franklin loved the obscene jest; that George Washington was of an amorous disposition; that Ulysses S. Grant was too fond of the bottle; and that Richard Wagner was conceited as well as mean in money matters. But these things are necessary to clear the ground. We must learn to get rid of the Puritan attitude which compelled Mark Twain to suppress the best that he had to give the world.

(Fountain Head News, October 4, 1919, THIRTY-TWO YEARS AGO.
Published by The Palmer School of Chiropractic.)

CHAPTER 40

The Story Of

BUILD YOUR BUSINESS ON A FOUNDATION OF CONFIDENCE

(Fountain Head News, November 15, 1919, THIRTY-TWO YEARS
AGO. Published by The Palmer School of Chiropractic.)

The foundation of every successful growing and permanently builded business is CONFIDENCE.

In the modern business world, "caveat emptor" has no place—it is replaced with CONFIDENCE which can be achieved only thru the association of the Chiropractor's name and business with a definitely known and nationally advertised standard of quality.

CONFIDENCE does not grow in an atmosphere of secrecy, of namelessness.

The Dear Old P.S.C. is spending money, time, and brains in nationally advertising P.S.C. CHIROPRACTIC and building quality into its graduates, to gain for them that entree into the CONFIDENCE of the public. Therefore, the P.S.C. CHIROPRACTOR is proud to associate HIS name with that of the school from which he graduates.

The Chiropractor who wants to build a successful, growing, permanent business must do so along the lines of fair dealing, letting it become known WHAT NATIONALLY ADVERTISED LINE OF CHIROPRACTIC HE HAS TO SELL. This earns for him the CONFIDENCE of his patrons, proving to them that he is offering them only such standards holding the same ideals. He should have for sale nothing but standard, advertised goods the quality of which is guaranteed by the school behind him, which the school dares to nationally advertise.

When the Chiropractor practices nothing but standard, nationally advertised goods, he makes the great P.S.C. which stands behind these products a SHOUTING partner in his office practice. He sells his daily adjustments with the full knowledge

that any failure of a P.S.C. adjustment to secure results reacts upon them to THEIR detriment. Both thus assure themselves (thus assure the public) of a satisfied clientele. He may then reckon certainly on gaining and keeping the CONFIDENCE of his patrons.

On the other hand, the Chiropractor who permits himself to be swept into the quicksands of "gyp" methods has nothing but trouble ahead. Secrecy has always been the cloak of crime since the dawn of human history. P.S.C. Chiropractors are the greatest white space buyers of any profession, buying more than all other professions combined. The reason is obvious.

And secrecy is the cloak of the sharper in the business world today in exactly the same measure. That "Chiropractor" who does not care to attach his name to the school from which he came, directly connecting himself with its quality of production, HAS SOMETHING TO HIDE.

No Chiropractor can afford to publicly advertise his particular school connection unless the particular school can afford to publicly advertise and stand behind its graduates. The Chiropractor's state of mind is not strong enough to permit him to make excuses on faulty failures to try to maintain public confidence when the school behind him is compelled to do the same to achieve the same level.

You, as a business man, would refuse to take a partner into your business if you did not know his name, his past, his experiences, if he refused to give that information, even tho he might have every other seeming qualification for membership in your office.

You would feel — and justly — that such a man had something to hide which would, if you knew it, disqualify him for the position he was seeking. Analyzed, your feelings toward such a man would be the fear that he would do something which would destroy the carefully built up public CONFIDENCE in your concern.

If you fear the man without a name, you ought equally to fear the Chiropractor who won't identify himself with his school — the retailer without identified goods.

Why should any sick person allow nameless, unendorsed, unguaranteed Chiropractic adjustments to become silent methods; or, why should a Chiropractor allow nameless, unendorsed, unguaranteed Chiropractic to become his SILENT partners in business?

In each case the public is justified in believing that THE UNKNOWN is hiding something discreditable under his cloak of anonymity.

The one safe foundation for any Chiropractor's business is to carry and sell The P.S.C. line of standard, nationally advertised Chiropractic goods, bearing the names and guarantees of The P.S.C., which stands ready to protect its reputation with the last dollar of its tremendous resources.

Make The P.S.C. organization a SHOUTING partner in your business.

(Fountain Head News, November 15, 1919, THIRTY-TWO YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 41

The Story Of PROGRESS

(Fountain Head News, January 10, 1920, THIRTY-ONE YEARS
AGO. Published by The Palmer School of Chiropractic.)

Things have been and are humming around these diggings.

While down East, t'other day, we heard a comment that pleased us very much. A bunch of us Chiropractors were together, chinning, chatting, and chewing about everything in general. We asked this question: "What is it that you think makes The P.S.C. stand out strongest, by comparison, from all other schools?" Some said it was the fearless attitude of The P.S.C.; others gave as their opinion that we fought for straight Chiropractic and legislation; but the one that pleased us most was this: "When you tell anything about The P.S.C., you always tell WHAT HAS BEEN DONE. You don't talk about what you are GOING TO DO — but don't do."

We have in mind one school which always talks about the class they are GOING TO GET, but never once have they told us what they DID GET after enrollment had come and gone. Another school is always talking about wonderful FUTURE, but never tells what it HAS DONE.

It may be that we lapse off into the future once in a while, but somehow it's never so far off but what it comes to pass in a year, at the most. If you have been a close observer, you know we tell most about ACTUAL TRANSFORMATIONS WHICH HAVE TAKEN PLACE, OR ARE DOING SO RIGHT NOW.

For instance, our new Administration Building is actually being built RIGHT NOW. It will be practically finished by March 1st, notwithstanding that we will use the basement by February 1st for our new freshman class. When finished, building and equipment will cost us little short of \$150,000. We have told you before about the wonderful cafeteria and that its equipment has cost a trifle more than \$20,000.

If you could be here right now, you would see, actually on our floor, two things we have told you about: our THIRD Kelly automatic press, and THIRD Babcock Optimus cylinder press. We have also just installed our THIRD Gordon press. Within thirty days, we will have THREE Kelly presses, THREE Gordon presses, and THREE Babcock presses. On our floor right now is that five-ton, three-knife book trimmer. Gee, but it's some walloper of a machine; took four horses to pull it up Brady Hill. And before we forget it, we want to tell you we have contracted for TWO MORE Kelly presses. We won't stop there because we are of the impression that as soon as the other two are here (or perhaps before) we will order two more.

As an example of our foresight, the Kelly press has NEVER been announced to the printer's trade. Yet it takes us about six months to get an order put thru.

If you were here right now you would see, stacked away, in a corner of the main floor of the Printing Plant, thirteen tons of steel shelving in which to store our finished stock.

By reading the newspaper stories, you will gain further insight into things we ARE doing.

We want particularly to call to your attention this fact: **WHAT-EVER THE P.S.C. does, it will not misrepresent anything to you. We are building for permanent futures by BUYING EVERY FOOT OF GROUND, AND BUILDING EVERY BUILDING TO MEET OUR ABSOLUTE NEEDS.** In it is our foresight and permanence.

Anyone who has studied **BIG** business knows the difference and what it means in actual values delivered to the customer. We commend these facts to your considerate attention.

Reliability, permanency, confidence are the eternal triangle of solid business. The P.S.C. has all three.

(Fountain Head News, January 10, 1920, **THIRTY-ONE YEARS** AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 42

The Story Of THE BOHEMIAN TWINS

(Fountain Head News, August 6, 1921, THIRTY YEARS AGO. Published by The Palmer School of Chiropractic.)

It has been our pleasure recently to have with us the two "grown-together-women." They are two very distinct women in individuality, personality, and, with one exception, are two very different women.

Rosa and Josefa Blazek were born in Bohemia and are forty-two years old (1921). They came into the world as one. Rosa appeared first, her head, shoulders, and arms; then came Josefa's head and shoulders; then followed the two bodies. Just what they weighed at birth is unknown, for there was no attending physician.

These women toured the world, under contract for three years, with the Worthem Greater Shows, under the management of Mr. Ike Rose.

They weigh 240 pounds, Josefa being a little heavier than her sister. They have two distinct bodies; there are two sets of internal organs, with the exception that the intestines are joined where the sigmoid colon passes from the left inguinal region of each of them to the front of the sacrum, and here the colons join and form a common passage — the rectum. There are two urinary tracts and each has a uterus and vagina.

We could easily palpate to eighth or ninth dorsal vertebra; from there down was a solid mass of bone and flesh, covered with skin, being formed by the fusion of these parts of the spine. This mass measures 40 inches in circumference.

Fortunately, they are both well practically all the time. However, Rosa had diphtheria; Josefa did not, yet she was compelled to stay in bed with her sister. When one has indigestion, the other does not feel any ill effects; and if one is tired and wishes to rest, the other considers her sister and must rest with her. One can do needlework while the other is sleeping.

As children, they could climb trees, jump rope, and do as other little girls. They work in general harmony — one adapts herself to the other in the movement of the body just like the swing of our two arms. They walk fast and are quick as can be on their feet.

Their bodies are turned away from each other at an angle of about 45 degrees. They can easily look into each other's eyes and, by twisting their necks, can kiss each other. Their feet are set in line with their bodies, but Josefa has a slight curvature, causing her leg to be about two inches shorter, so she walks with her heel raised from the ground, which gives her the appearance of having hip disease.

Rosa is a mother. Her little son, eleven years of age, is a bright manly little fellow. His father died in the World War. When Rosa was in labor, about two hours, her sister Josefa had no ill effects, other than vomiting occasionally, mostly from fright. Franz was a normal child at birth and weighed nine pounds.

Other cases of conjoined twins are related in history. One remembers hearing of the Siamese twins, exhibited all over the world, and the much-discussed subject of severing them. Their names were Eng and Chang, and they were born in 1811. They were joined at the sternoziphoïd angle, a cartilaginous band extending from sternum to sternum, which measured about four inches. They died at the age of 63. Both were married. Eng had five children and Chang had six — all healthy and strong. They married sisters — two English women. Chang died of pneumonia. He was quite intemperate and had a marked spinal curvature. Tho Eng was not affected, yet when Chang grew worse he died, too, due to the absorption of the poisons from the brother. There was a hepatic connection thru the band where their breasts were united. Both men were partially blind.

The Blazek sisters are more intimately connected than the Siamese brothers. A portion of the body of each, when touched, can be felt by both. Immediately when one touches the exact centre of the bony fleshy mass which joins them together, both have the same sensation. With but little variation on one side or the other, only the one sister feels it, for this zone of mutual nerve sensation is pretty well limited to the part where they are joined together.

As these two women sat at our table, drinking coffee, many personal questions were discussed. Little inconveniences are experienced, such as being compelled to seat themselves on one narrow chair, and always having to choose the rear seat of an automobile, and having clothes especially made. Their undergarments are separate, except that they are sewn together over the bridge which joins the girls.

These women are accomplished in many ways. Both play the piano, cello, violin, and zylophone.

They told us of their romance — Josefa also had a sweetheart who died. Rosa's was a church wedding and, of course, Josefa was the bridesmaid.

Rosa and Josefa are a joy to meet. They are so happy and optimistic and are always smiling. The affection and forbearance they show for each other is almost pathetic, for each shows such wonderful consideration for the other.

As these women said goodbye we could not help but know that in their own minds there must be a haunting fear that when the one sister dies the other must go also, knowing that in the fatal illness of one there must be the death sentence of the other. But knowing them as we do, we feel sure the one who goes last will go with a smile.

(Fountain Head News, August 6, 1921, THIRTY YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 43

The Story Of ASSISTANT TO PEARY VISITS PALMER SCHOOL

J. S. Warmbath Gives Lecture on Hardships
of Arctic Travel

(Fountain Head News, September 3, 1921 — THIRTY YEARS AGO.
Published by The Palmer School of Chiropractic.)

(The personal collection of J. S. Warmbath was willed to us on his passing, years after this story was printed. It is now on display in Osteological Laboratory in The B. J. Palmer Chiropractic Clinic.)

A land where cold reigns supreme and artificial heat must be used for many purposes, even to obtain drinking water from a crevice in a fresh water iceberg, was the topic of an illustrated lecture on the Peary expeditions given by J. S. Warmbath of Washington, speaking before the students of The Palmer School at their entertainment last evening in the open air auditorium.

Mr. Warmbath accompanied Peary on three of the five trips north which finally led to the discovery of the North Pole in 1909.

"The discovery of the pole is a very noteworthy thing in the story of science," said Mr. Warmbath. "Travelers have attempted to locate the North Pole on numerous expeditions during the past 300 years without success until the work of Admiral Peary was begun, with the determination of having an American be the first man to reach the pole."

"What good did the discovery of the pole do for the world?" asked Mr. Warmbath. "It brought no material benefits to the world, but it set an example of perseverance and heroism for the future generation to follow in similar proceedings in all lines of endeavor. It did, however, give us an accurate knowledge of life and conditions at the pole, where some scientists had even predicted there would be found an immense opening into the center of the earth."

"It is a vast ice field with the depths of the Arctic Ocean surrounding it. The pole is a place where a man cannot look North, East, or West. There is only South—for he looks toward the equator in all directions. The sun rises at some place in the horizon on March 21st and shines continuously along the horizon all the way round the sky."

Mr. Warmbath's lecture on his scientific expedition to Elsmere-land, in connection with the Peary trips, was illustrated with stereopticon views of the field station, ice floes, and the types of Eskimos encountered there.

"The Eskimos were always glad to visit us," said Mr. Warmbath, "for they secured unusually good things to eat and there was always an opportunity to earn a present. Knives and even pieces of hard steel were worth as much as a polar bear skin or several silver fox skins to the Eskimos. They would do many days' work in return for any kind of firearms and ammunition."

(The Daily Times, August 4, 1921.)

(Fountain Head News, September 3, 1921 — THIRTY YEARS AGO.

Published by The Palmer School of Chiropractic.)

CHAPTER 44

The Story Of IMPOSSIBILITY OF MOVING VERTEBRAE

(Fountain Head News, August 11, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

"To the Editor:

"In these days, when we hear on every side the claims that the articulations of the spinal column need repeated 'adjustments', I think that medical men ought to have some definite data as to the strength of the spinal symphyses.

"The following experiments were performed in the anatomy laboratory of the College of Medical Evangelists at Loma Linda, California:

"The spinal column selected was a fairly fresh one and it was taken from a cadaver that had never been put into the preserving tank. A block of wood was taken, and into its surface was cut a mortise slightly wider than the vertical dimension of a lumbar vertebra. The spinal column was then firmly fastened to this block so that the ventral margin was against the surface of the wood, and the body of the second lumbar vertebra was directly over the mortise, thus leaving that vertebra unsupported except by its union with adjoining vertebrae. Pressure was then applied to the spinous process of the unsupported vertebra by means of a lever of the second class acting downward, and this force was carefully calculated. When the pressure had reached 1,195 pounds, the neural arch was crushed, but the vertebral body remained unmoved.

"The broken fragments of the arch, together with the remains of the pedicles, were then cleared away, and pressure was applied to the posterior surface of the vertebral body. In this instance a piece of smooth hard wood was placed on top of the surface of the bone so that the force would affect all parts equally, the wood being about 2 mm. narrower than the vertical measure of the vertebral body. On the application of 800 pounds, the body was crushed to pieces, a part of it being reduced almost to the

consistency of bone meal. Yet for the most part there was no dislocation at the union with the adjoining cartilages. The bone was crushed about a millimeter from that union, but the articulation remained intact over the most of its area.

"The tenth thoracic vertebra was next selected, and the pressure was applied at the side. The piece of wood was used in this experiment also, and it was placed so as not to cover the ventral one-fourth of the vertebral body. On the application of 1,315 pounds, the body was crushed without materially impairing the articulation with the adjacent cartilages, and the part of the body extending beyond the end of the piece of wood remained unmoved. In other words, the posterior three-fourths of the vertebral body was crushed by a force applied at the side without any twisting of the anterior one-fourth on its vertical axis.

"In the spinal column used the strength of the vertebral symphyses was greater than that of bone substance of the bodies of the vertebrae.

"L. A. Kellog, M.D., Loma Linda California. Instructor in Anatomy, College of Medical Evangelists." (A.M.A. Journal, June 21, 1923.)

August 1, 1923.

L. C. Kellog, M.D.,
Instructor in Anatomy,
College of Medical Evangelists,
Loma Linda, California.

My Dear Doctor:

My attention has been called to your article on page 233, June 21, 1923, A.M.A. Journal.

In these days, when we hear on every side the claims that carpenters are moving nails into and through planks, I think physicians ought to have some definite data as to the strength of wood and the resistance it has to the movability of nails into and through it.

I thank you for the great scientific service rendered not only to the world of sick, but to physicians, and more particularly to us Chiropractors. At first I was in serious doubt that you had uncovered something new. However, a test which I made, which I shall later explain, satisfied me that you were right. You are

correct in your physicians' problem as worked out. I agree that it is impossible to move vertebrae as you have explained you tried to do. However, I proved same fact in another way.

The plank I selected was a fairly fresh one, and it was taken from a tree that had but recently been cut down but not as yet seasoned, which was two inches thick, twelve inches wide, and three feet long. I then had another plank, exactly the same size, in the center of which I had an opening cut six inches square, clear through the plank. I then placed one plank immediately over the other—the one without the hole being over the one with the hole. On top of the top plank, immediately in the center of the six-inch square, immediately over the hole underneath in the bottom plank, I placed the hardened ordinary point of a twenty-penny spike, which rested softly against the superior surface of the superior plank. I then thoroughly and accurately placed the spike in a perpendicular position as so proven by plumbs and levels.

The spike was then braced so that it could not get out of plumb or the planks get out of level, or one move in its approximation with the one below the hole. The object of bracing the nail was to keep it upright and yet so that nothing would hold it from taking a downward motion.

I then made a supporting, frame-like stand surrounding, yet not in any way touching either plank. This frame-like stand was used only as a balancing medium and was not intended to carry any weight. I then began a piling-up process of pig iron, the inferior surface of the first pig resting squarely and directly upon the hard steel head superior surface of the twenty penny spike.

The following experiments were performed in the carpenter laboratory of The Palmer School of Chiropractic, at Davenport, Iowa.

Weight was added and added until the nail began to penetrate between the slivers, separate the atoms, and enter the 2 x 12. This was determined by an accurate set of micrometer measuring calipers. At 1,600 pounds of dead weight pig iron, the nail began to move. After piling up 2,400 pounds of weight, the spike had successfully crushed its entire length space in the second plank inferior to the first. This was again demonstrated by measurements made as above stated.

This again proves our contention that if sufficient dead weight matter is piled upon another compressible body that one can be made to either penetrate or entirely crush its way through the other by gravity displacement.

If it actually takes 2,400 pounds pig iron dead weight to crush a twenty penny spike through a 2 x 12 pine plank, how do you figure that a carpenter exerts 2,400 pounds when he drives that same spike into that same plank to the same extent with a one-pound hammer? Might I be so presumptuous, doctor, to suggest that you get a spike and hammer and go back to the garage and try it? I feel quite certain that you wouldn't move the spike because you haven't 2,400 pounds of pressure; and, if you did have that pressure, can't you see that you would but crush the board? And if you didn't crush the board you certainly couldn't drive the nail.

Wouldn't it look funny to see carpenters placing anywhere from 100 to 2,400 pounds of pig iron dead weight over every nail they wanted to drive, in building a house? When do you suppose they would get the home finished? They would have rather a hard time DRIVING nails into a ceiling that way, wouldn't they?

Don't you think we had better let the carpenters go on using their little one-pound hammers, rather than to accept your scientifically proven and laboratorically demonstrated facts?

If you were building a home, would YOU employ a carpenter who CRUSHED nails into boards, or one who used a one-pound hammer?

As usual,

Yours very truly,
B. J. Palmer, D.C., Ph.C.

(Fountain Head News, August 11, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 45

The Story Of HOLLER OUT LOUD

(Fountain Head News, August 18, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

No institution is destined to fulfill its mission in the greatest degree unless it constantly looks within its own organization for weakness and constantly strives to eliminate those weaknesses.

No business can attain any great proportions unless it keeps its hand closely upon the pulse of its patrons to learn what they are thinking about in policies and about its service.

No individual can broaden and grow as the years go by unless he constantly examines himself for faults and flaws and, having found them, seeks to eliminate them. As an individual, the fellow who is in the best position to tell you where your weaknesses lie is the fellow who is closest to you; the fellow who sees you day after day in all sorts of moods and under all sorts of conditions. It is the fellow who has learned to know you intimately and is vitally concerned in your welfare. He is the man to whom you want to listen, because he is honestly seeking to improve you and is in a position to see many of the faults which you yourself may overlook.

Any business organization or any institution that is rendering a genuine service must look to the people who are closest to it for suggestions and criticisms. Its employees do point out to us many weaknesses that can be improved upon. Providing their suggestions are warranted and their remedy is logical, we immediately change our plans to correct our weaknesses. But we cannot overlook the fact that we are on the inside, that we are very close to ourselves, that our vision is perhaps not as broad on the details of our service as is the vision of you boys in the field to whom we are rendering that service.

Every day we are in touch through correspondence with hundreds of you. We send out hundreds of letters and we receive hundreds of letters from you. You know us. You know something of our hopes and our ambitions. You know that we are

honestly striving to render a real service to the profession at large and the public in general. Why not cooperate each with the other toward the end of showing us where we can improve? It does no good to merely criticize without offering helpful suggestions. We want those criticisms. We want them because we feel that you boys in the field know us best, that you are closest to us in a business way, that you are familiar with our business departments, our Chiropractic service department, our table department, our printing department, and our teaching department. We are striving to improve all of these, yet you can help us; and the help that you give in your personal suggestions may be of untold value to you and to us. You can see where we are falling down in some respects. You may have some personal experience in the past that has led you to believe that The P.S.C. is not as vitally concerned in your welfare and in your personal business as we should be. This may be due to a mistake on our part, it may be a mistake of interpretation on your part, it may be merely a chain of circumstances for which no one is entirely to blame and yet which has built up a heavy wall of misunderstanding.

You do not want that to exist, nor do we, because our interests are the same. We are units in furthering an international movement. We are not so conceited as to assume that everything good is in The P.S.C., nor are we so simple as to believe that improvements cannot be made. Yet we may not see the chance for these improvements. We may blunder along over them day after day. But you boys are in a position to get your viewpoint and to pass it on to us, and if that viewpoint can be of service in being instrumental in a change that will render greater service to you and to the movement, then your suggestion will have been a big thing.

We are not concerned in compromising on the principles of Chiropractic. Our policies in this field are very clearly defined and are the result of years of experience and careful thought. We cannot compromise with mixing or with any other thing which does not come within the pale of straight, clearcut Chiropractic. But our methods in attaining the ends for which we are all striving may perhaps be in error; and if they are, we feel that we must look to our friends to point those errors out to us. Obviously, we cannot agree to accede to every suggestion sent

in. Many angles may enter into the question and all have to be considered in forming our conclusion. But we want every individual who is interested in us to know that every constructive criticism offered will receive careful attention and thorough thought.

We are deadily in earnest in asking for these suggestions and we believe you, in your reply, will show as good faith to us.

(Fountain Head News, August 18, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 46

The Story Of SCHOOL AND FIELD PROBLEMS AND THEIR SOLUTIONS

(Fountain Head News, September 8, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

The following starts as a bit of correspondence. It immediately drifts from "letters" to concise, pungent statements of problems and an explicit solution of them.

You may agree or disagree with the problems stated; you may agree or disagree with the solution; but this much is quite certain — the study of them will do you good and give you a much broader outlook on Chiropractic.

This article is from the typewriter of B.J. and makes mighty interesting reading. Permission has been secured from Theodore W. Price and G. W. Hardie for publication of their letters and our reply. Otherwise, it might be construed as a breach of etiquette upon our part to publish private correspondence sent us by Mr. Price.

We would be glad to hear from any of our readers whether they agree or disagree, after reading this article.

Augusta, Ga., Aug. 4, 1923.

The Palmer School of Chiropractic,
Davenport, Iowa.
Gentlemen:

I am in receipt of your letter of July 27th. I am very much interested in taking up the study of Chiropractic, but right at this time one of the principal obstacles is the financial one. I have written to several practicing Chiropractors in order to get a practical viewpoint, as I know from experience in other lines the practical sometimes greatly differs from the theoretical, and if I should take up this work, it would be very necessary that I make enough out of it to "keep my head above water." However, I could not enroll before January 1st, or possibly May 1st.

All the letters I have received from the different persons to whom I wrote were very encouraging, save one. While this letter was not written to me

in confidence, still I would not care to cause any friction or unpleasantness, but at the request of Dr. Leonard Knowles, of this city, I am enclosing a letter received from Dr. G. W. Hardie. There seems to have been something to have caused him to have this antagonistic attitude, as this letter does not comport very well with the one printed in your catalog, and I am sure there must be some under current that has not come to surface in his letter. I would like to know your views on his statements.

As stated above, it is not my purpose in sending this letter to you to cause any ill feeling, but merely to get all the light and information I can on the subject.

Please return enclosed letter when read.

Yours very truly,
Theodore W. Price.

THE PROBLEMS PRESENTED

Owensboro, Ky., July 23, 1923.

Dear Mr. Price:

Just why you should single out my name from The Palmer School catalog is beyond me. However, I shall be glad to give you my opinion as to the Chiropractic situation today. That piece was written ten years ago, when Chiropractic was being taught in an old barn at the top of Brady Hill, Davenport. Conditions are vastly different now than at that time. I was one of the first Chiropractors in the state of Kentucky. I was one of those who was persecuted, prosecuted, sneered at, and almost ostracised from society for advancing a new conception of what caused disease. Today the man who comes out of school has easy sailing as far as legislation is concerned.

He can go into a community and start practicing with little fear of arrest. Things are indeed easy sailing. But listen, here is what he goes up against. He finds he must compete with long established practices; look over your city and see with whom one entering it would have to go up against. True, one may have friends who would take adjustments, but remember in practice you must have a continual turnover of patients almost every sixty to ninety days. The man who goes into Augusta can get a practice, of course he can, but not nearly as rapidly as those pioneers. And I doubt if he could ever get a practice on par with the one now held by your leading practitioner. If he did it would take years of effort. There used to be a time when one could

go into a new field and take pages of advertising and the people would flock to him either from curiosity or an actual desire to try something different. For a man to get well by adjusting his spine was wonderful. Today the work of a Chiropractor is an established fact, and when a little child is cured of infantile paralysis, or some poor devil who everyone else has given up is put on his feet, it is accepted as a matter of fact.

That's what Chiropractic is for, and that is the way the public views it. For a man to go into a community where Chiropractic is established and use the newspaper to tell the people what Chiropractic will do would be committing professional suicide. The people would laugh at him. Would you patronize an advertising allopath? Think it over! Furthermore, where can you go that there is not already a Chiropractor? Look around you in Georgia. The same applies with equal force in every state. Here in Kentucky Chiropractors pour in from the Ross School at Fort Wayne, and another cheap school at Indianapolis from the north. The St. Louis School and Missouri School, on the west. The Palmer School, the National School of Chicago, the Texas College also send their products. Chiropractic is rapidly reaching its saturation point. The average product turned out, or rather those run through those diploma mills, have little ethical feeling. Their god is the dollar. They are cutting each other's throat for patients. Selling adjustments for a quarter and some less than that to those who want cheap adjustments. In almost every community some "nut" thinks he is divinely inspired and starts a school of his own. He teaches two hours three evenings a week and at the end of six months gives his dupes a diploma so large it could be read from an aeroplane. The statistics compiled by one of the largest schools in existence show that seventy per cent of the graduates of their institution failed to establish practices that kept them in the profession.

You will think by now that I am trying to discourage you. That I do not think anyone should come into the profession. You are wrong. You asked me for an opinion. Do you want me to "kid" you? Shall I tell you a lie or show you the real article? Now let's see. If you are a fellow who likes people, who likes to deal intimately with them, who likes to be of some assistance to his fellow man, and can sympathize with them in their hour of trouble and is more interested in human welfare than in dollars,

Chiropractic is the profession for you. There is an opportunity and a vast one for one to work. There is always a place, many outstretched arms for that kind of a fellow. Your age matters little. In fact, a few years just give a man a better mind and a little cooler judgment. It's your view of life that counts.

Before you enter a school I would look them over. From the graduates I have seen I believe the National at Chicago gives their students a better all around education than any other school in this country. Notwithstanding I am a graduate of The Palmer School, I would look them all over. The Palmer School is so large their students get very little and I know of students coming from it that never adjusted a patient before coming into the field. The National at Chicago has unlimited clinic material. They teach dissection; they have access to the largest hospitals in Chicago and can see many things The PSC never heard of. Understand, this is my opinion for which you asked.

If you decide to go north, Owensboro is right on your way; I should be glad to have you stop off and see me. I trust the foregoing will be of some benefit to you. Think it over well.

Yours truly,
G. W. Hardie, D.C.

THE SOLUTION OFFERED

Davenport, Iowa, Aug. 16, 1923.

Dear Mr. Price:

I have your kind and considerate letter. You asked to know. I have laid aside your letter until Sunday, when I can do the answer justice. Being sincere, you want more than the forms in answer, therefore the delay, which I trust you will pardon us for.

You comment that all the letters you received were encouraging but one. That one you have kindly enclosed for me to weigh carefully, thoughtfully, and to answer in the same spirit.

I can tell from the letter you write and the clear and concise manner in which you reach conclusions that you know that every problem has two solutions.

DR. HARDIE IS FRIENDLY

When you suggested that there was a hidden "antagonistic attitude," I cannot agree. It is a difference of opinion on the solution of problems. Dr. Hardie has a right to his views as well as I. So long as you and I cannot prove antagonism, we must be content to reason it out along the lines of differences.

SHOULD WE ADVERTISE?

First problem:

The early pioneers could go out with any old thing, call it Chiropractic, and get a big business.

A man can go into Augusta TODAY and get a business, but it would be slower. The early Chiropractic pioneers got their business from "curiosity." "Today the work of a Chiropractor is an established fact."

To advertise that you have a service to sell those who are clamoring for it "would be committing professional suicide. The people would laugh at him." "Would you patronize an advertising allopath?"

Contrary to all preconceived rules of the business world, Dr. Hardie assumes the position that the less the people know about a thing, the more the people buy it. According to Dr. Hardie, P. T. Barnum is right. The less you tell 'em, the more you fool 'em.

If Dr. Hardie is right, the fact that Chiropractic is better known today is a hindrance to a man getting business.

The world has been suffering from a knowledge of the cause of disease. Chiropractic ferreted the cause of EVERY dis-ease. The sick world is dying for the want of that service. Dr. Hardie says the more you tell, the more you prove that you have what they need, the less business you get; in fact, you are committing suicide.

Dr. Hardie graduated from The P.S.C. eight years ago. Recently, some man or woman must have come into Owensboro and BEGAN ADVERTISING. Or, mayhaps Dr. Hardie is an optimist in advertising when he does it, but a pessimist when the other fellow does it. Instead of becoming a stronger advertiser it ap-

pears that he has turned sour on advertising, the other advertiser, and the producer of advertising (The P.S.C.).

Perhaps there's another reason for Dr. Hardie now turning against advertising. He holds a license from the Kentucky State Medical Board, who have, by Board rulings, refused their licenses the right to advertise under penalty of revocation of their license.

How do you account for this inconsistency? Dr. Hardie writes that "For a man to go into a community where Chiropractic is established and use the newspaper to tell the people what Chiropractic will do would be committing suicide. The people would laugh at him. Would you patronize an advertising allopath?"

Dr. Hardie has been in Owensboro for eight years. This makes him "established." During the past nine months Dr. Hardie has consistently purchased of The P.S.C. 27,000 Chiropractic Educators, therefore he is "advertising" what "Chiropractic will do." The very day this is being written (August 15th) his order was received for 3,000 of this month's issue. That he is still in business after eight years proves that he has not yet "committed professional suicide." That he is advertising now, after eight years, shows that he believes this is a way to live.

In this letter to you he advises that you go to another school. Going over his files of orders received for Chiropractic Educators, I find that his "copy" for the bottom of the back page had in prominent display, "GRADUATE OF THE PALMER SCHOOL OF CHIROPRACTIC." Is he proud of it? Has it a selling value? If not, why does he do it? If he issues that, why should he advise YOU to go elsewhere? If he advised YOU to go elsewhere, why did he display that which he does not endorse? How do YOU figure it out?

"Would you patronize an advertising allopath?" The allopath has nothing, does nothing worth being advertised, therefore he doesn't advertise. People who cannot deliver would be foolish to buy space and tell people so; for the sooner they would drive themselves into "committing professional suicide." Evidently Dr. Hardie is rendering a service because he buys P.S.C. Printery Products every month and distributes them. In this he shows excellent judgment, as he proves he has something to sell. But

why he privately decries advertising and the advertiser, and does it, is for you to decide.

Some Chiropractors see only far enough ahead to believe that by filling the field with incompetents instead of competents they are increasing their chances of standing out from the rest of the profession. Some of the Chiropractors today seem to feel that even if twenty or thirty thousand incompetent Chiropractors were placed in the field, they would have easy sailing because they would be in direct competition to improperly trained and inefficient Chiropractors. They fail to realize that these twenty or thirty thousand efficient Chiropractors lead to a loss of public confidence and that this loss is a reaction against Chiropractic. I grant that there are many Chiropractors who would rather see prospective students directed to weak schools, believing that they will thereby reduce their effective competition. Particularly is this impressed upon me when a Chiropractor advertises "Palmer Graduate" and still does not recommend The Palmer School. Certainly if he were sincere in believing that some other school was best, he would hesitate to advertise an inferior brand of goods. At least it would appear so to me.

The danger to Chiropractic lies in the establishment of innumerable small and improperly equipped institutions draining a certain proportion from each district of the United States. If small schools are located in every large city of the United States and gain their support from that particular district, and if, because of this fact, the larger schools, which have been instrumental in putting Chiropractic on the map and in the public mind, are forced to become small institutions or go out of business, then the ultimate effect will be dangerous. I know the Chiropractic field as a whole realizes the great influence which has been yielded by The Palmer School in the furthering of the Chiropractic movement. Could this have been done if The Palmer School had been a small and inadequately equipped institution? Everywhere graduates of The Palmer School advertise that fact and Chiropractors from all schools point to The P.S.C. to prove to their constituents and to their state legislative bodies that Chiropractic is not a passing fancy but that it is in reality a science that has come to stay; that it is founded on the firm foundation of a real educational institution. Do you see them pointing

to the many small schools scattered throughout the country to establish that fact? They do not because they know that many small schools could not carry the weight.

DOES TIME CHANGE FACTS?

Second problem:

Dr. Hardie says that "for a man to get well by adjusting his spine was wonderful."

He thereby infers that this was true eight years ago when HE started and studied "in an old barn." Is such an act any the less "wonderful" today? Has eight years time changed this? Isn't it as important and essential that he adjust the spine today as then? Spines and subluxations are the same — in what way has the whole thing changed because Dr. Hardie has been at it eight years? If there were merit in that argument, I would back up to twenty years before he got into it. Dr. Hardie tells us that "conditions are VASTLY different now than at that time." Where? How? Are Chiropractic, subluxations, Innate, adjustments, collars, men, any different? Where comes this "VASTLY" difference? Dr. Hardie will answer, "More people know about it today." And does more knowledge of Chiropractic hurt the confidence of the sick people?

MANY TOWNS OPEN

"Furthermore, where can you go that there is not already a Chiropractor?" Thousands of towns have never heard the word, much less having somebody adjusting its subluxations. Thousands of towns of not less than 5,000 in each, 119 million people, have never been touched. Thousands of cities are not supplied with the actual necessities of enough Chiropractors to take care of the sick. Cities in Kentucky have no Chiropractor and are asking for one. The same is true in Georgia. Dr. Hardie must be suffering with myopia and the illusions of the near.

MORE IS BEING ASKED OF US

Chiropractors are coming more and more to realize that their field of service does not extend alone to the sick. It is possible to sell to the American public the idea of HEALTH PRESER-

VATION rather than health recovery after they have become sick. The dental profession has pretty well sold this idea to the public and most people today visit the dentist once or twice a year to have their teeth looked over to find if any work is necessary. The Chiropractor is doing that same thing and he is alive today to the opportunity of convincing the public that even when in apparently good health they may be on the verge of a serious condition. Everywhere Chiropractors are selling to their community the idea of having the Chiropractor examine their spines to determine whether or not they are getting to a point where a physical breakdown will occur, and many people today are being taught the lesson of PRESERVING THE HEALTH which they already possess rather than regaining something which has been lost.

This idea has been sold to the American public by the automobile industry. It used to be that cars were not brought to the garage until they broke down somewhere on the road or until something went radically wrong with the mechanism. Today almost all automobile owners have found that it is cheaper to bring their car in occasionally and have it overhauled to prevent greater trouble and more expense from a complete breakdown.

This is the big idea that we are selling to the Chiropractic profession and which they in turn are selling to the public. It is a large and constructive piece of educational work and will do much toward bringing more patients to Chiropractors for their services.

HOW FULL IS FULL?

Third problem:

"Chiropractic is rapidly reaching its saturation point." "The average product has little ethical feeling." "The dollar is their god." "They are cutting each other's throats."

Once upon a time, as all stories start, a man invented an internal combustion engine. Then he went to sleep. Another man put it on wheels and it became a Ford.

He then began to manufacture. He turned out one a month and he had a hard time selling that one. The "saturation point" had been reached. But this "nut" Ford kept on making until

he produced five a month. Now they laughed because there weren't five fools a month who would waste that much money. But the "nut" kept on and finally reached one hundred a month. Peculiar as it may sound, the "fools" kept on buying from this "nut." Then Ford stepped up to one thousand a month. NOW, surely, the "saturation point" had been reached. His friends advised caution in over-production. But the "nut" stepped on the gas and he produced one million every four months, and was some five million behind in orders on hand. Surely he **MUST HAVE** reached the "saturation point" long ago. His competitors have combined to force one. But Ford goes on spilling and the public goes on supping 'em up.

The multiplied increase in production, the pushing forward of the spilling point, the pushing backward of the "saturation point" have increased the quality of the Ford car. It has made it possible for greater equipment for better cars today than ever before.

Three elements enter into the equation at this stage of the game: first, Ford and the job before him; second, his competitors; third, the public. Ford is making and selling direct to and for the public. The competitors have been hampering him at every turn. If Ford wants to make and sell, and the public want to buy and pay, who is to stop it from going on? What right have competitors to prevent Ford from serving the public, so long as the public **WANTS TO BE SERVED**?

Ford knew he had a product that was in universal demand, therefore, "The Universal Car," and so long as that was true, there could be no overproduction until **EVERY FAMILY IN THE WORLD HAD ONE**; and when that demand was supplied, **ANOTHER GENERATION OF NEW FORDS WOULD BE NEEDED TO TAKE CARE OF ANOTHER GENERATION OF NEW PEOPLE**. Ford is no "nut" and the buyers are not "fools."

WOULD YOU AND I?

The mental reaction of the casual onlooker is frequently narrow.

Eighty-five per cent of the visitors who look over Ford's plant and see one car turned out every eighteen seconds, see more than 8,000 being manufactured every day, see the buildings and

grounds congested with them, see several freight-train-loads hauled out every day, begin to wonder where they are going and whether the world will buy them all up. They see the "saturation point" AT THE MANUFACTURING END and do not see the absorbing at the other end of the road. Go out into the hundreds of thousands of cities, go into the assembly plants distributed everywhere, see the millions of people demanding Fords, and then you realize the spilling point. There is a marked difference between what you see at the beginning of the road at the Ford plant in Detroit and the END OF THE ROAD in millions of places AWAY from Detroit. Perhaps the workmen themselves, in the Ford plant, get the same strabismic squint. Your "saturation point" is an illusion of your nearness to the factory.

A JUST COMPARISON

Once upon a time, as all sequels start, there was a man who discovered an idea of an internal intellectual force running man without outside interference. Then he went to sleep. Another man developed it to a workable knowledge. He found that disease was caused by an interference with this internal flow to the outside. He discovered WHERE this interference was. He developed an art of adjusting this subluxation. He began to teach this idea and method. People laughed and called him crazy — a "nut." "Nothing from the outside to go in?"

As nobody believed him or believed in him, he took up all the "saturation point" to experiment on. But they got well, told the story, and this created more of the spilling point. He taught one man. That one man now took up the spill and again the "saturation point" was reached. Finally, a class of five was taught. They went out and spilled information by word of mouth, handbills, data and figures, and they took up their own to the "saturation point" again.

Then a school was started. And now they did laugh. He was a "nut" to think that "doctors" could be made by a man who had never been to a medical college, had no "all-around education," had never taken "dissection," etc. But the "master nut" went on teaching "fools" how to become "doctors" so they could save a sick world. About this time, one G. W. Hardie appeared. The "saturation point" was not all taken up, as Dr. Hardie (which

he eventually became) got into the game and has helped to do the saturating for eight years.

The school grew to 500 students. Certainly there wasn't enough business for all those. Dr. Hardie thought there was. Surely there wasn't enough sick in all the world that believed in Chiropractic to keep them from starving. Dr. Hardie went out and proved that argument false. Didn't he build a business off the people he educated to the idea he had, that he got here? And each of those graduates spilled more educational matter, therefore they mopped up what they spilled, so the "saturation point" moved up another notch THEY MADE. Then Palmer stepped up the production until today (1923) The P.S.C. is graduating 2,000 Chiropractors every year who can see as much further now as Dr. Hardie saw ahead of his day then. Was the "saturation point" reached when G. W. Hardie graduated? Is the "saturation point" reached now?

The multiplied increase in the number of graduates, the pushing forward of the educational matter, the pushing back thereby of the "saturation point" have increased the quality of instruction, made it possible for us to employ instructors, build better classroom buildings, give more thoro courses, etc., today than ever before.

Three elements enter into the equation at this stage of the game: First, B.J. and his big job before him; second, his competitors — both schools and practioners; third, the sick public. Chiropractic is destined for the sick, the Chiropractor being the intermediary to carry the message on. When any one messenger refuses to deliver his message, it is time to discount his judgment and ability, secure another who can and will deliver to the sick. What right have schools or practitioners to prevent B.J. from serving the sick, so long as the sick want to be served?

We here at The P.S.C. know that we have a product that is in universal demand. We know that every man, woman, and child has a backbone and in each is a subluxation producing disease, demanding adjustment. Chiropractic is for more than the people of Owensboro, Kentucky. Dr. Hardie seems to think that Chiropractic in the rest of the world must be bounded by what he thinks of his little town, and advises others accordingly.

Eighty-five per cent of the visitors who look over The P.S.C. and see several thousand Chiropractors annually in the making, begin to wonder where they are all going and whether the world is sick enough to want so many; whether each of them can find patronage to make a profitable living. They see the "saturation point" AT THE SCHOOL OF INSTRUCTION, do not see the absorbing which is located in hundreds of thousands of towns at distant and remote points from Davenport. Go out on the highways and byways and see the hundreds of millions of sick people demanding health, then you realize the potential possibilities of the spilling point. One great regret is that so many people never get away from home. There is a marked difference between what the casual observer sees at THE BEGINNING OF THE PROCESS AT THE P.S.C., and the END OF THE ROAD in millions of homes away from Davenport, Iowa. Perhaps students themselves in The P.S.C. might have the same strabismic squint. Your "saturation point" is an illusion of your nearness to the school.

IS CHIROPRACTIC \$\$\$ OR LIVES?

Chiropractic is a service for a sick world. It is for all people, of all colors and nations. All the good Chiropractors that can be produced in all the good schools of America for the next twenty years can be sopped up on this continent. And for the rest of the world, it would take another fifty years.

A German backbone is no different than an Australian; a Spanish subluxation is the same as Chinese; a Russian adjustment is as valuable as an American; and an Eskimo Innate will cure as readily as a Patagonian. I know, because I have gone thru the process. It's a small world when you live a path between home and office in a village for eight years. It's a very big world and there is much work to be done when you go over some of it. The world is not bounded by the end of the paving at Owensboro.

So long as EVERY person has a backbone and subluxation, and needs adjustment, then EVERY MAN, WOMAN, AND CHILD in the world, whether red, yellow, black, or white, NEEDS A CHIROPRACTOR. The "saturation point" cannot be reached until EVERY PERSON HAS HAD ADJUSTMENTS,

NO SUBLUXATION EXISTS IN ANY SPINAL COLUMN, AND ALL PEOPLE ARE WELL OF EVERY CHRONIC AILMENT AND NO ACUTE DISEASE EXISTS.

And by the time each person now alive is well, there will be another sick generation awaiting for the next generation of Chiropractors. The "saturation point" is as far away from being satisfied NOW as it was the day G. W. Hardie graduated. Palmer is no "nut" and the sick people are not "fools."

THE BIG POINT

The spilling point is the BIG issue and if Chiropractors were one-tenth as anxious to increase the spilling point as they are to decrease the "saturation point," nine times more sick people would be getting well and the world would be a better place in which to live, because of their having been a Chiropractor. The trouble with many Chiropractors is that they want to DECREASE the outgo so they can INCREASE their income on the present margin of Chiropractic patients, and the millions of sick people who do not know Chiropractic go on getting around between the upper and lower medical millstones.

Assuming that a certain man raised cotton — suppose only ONE person wore cotton goods. The "saturation point" would be reached. But so long as cotton goods are being worn by millions, it will take thousands to raise millions of bales of cotton to supply the demand. When the READY market has been filled, the cotton raisers must then take up an educational campaign of EDUCATING MORE PEOPLE TO WEAR MORE COTTON GOODS.

This same situation existed in California a few years ago on oranges. "Sunkist" Orange was a cooperative national advertising campaign to get people TO BUY MORE oranges to sell surplus stock that was grown in California, which was going to waste.

Today the demand exceeds the supply. The ball rotates and soon all the United States will be eating California oranges.

A city has to deal with the "saturation point" in taking care of traffic. Once it was horses and buggies and hitching posts, out of which grew the open square in the center of the city. The roads were mud, and eight miles per hour made. Then came automobiles and mud roads gave way to cement.

HOW TRANSPORTATION WAS SOLVED

Today there is a congestion of automobiles in cities. It forced men to study the problem and devise better parking arrangements, larger parking spaces, and better traffic regulations. The "saturation point" was very markedly changed from buggies to autos, horses to gasoline, mud to cement, alongside the curb to a forty-five degree parking all day, to ranking thirty minutes, from streets to special parking lots, from as fast as your horse could go to fifteen miles in cities and thirty miles on paved country roads. But transportation has been materially helped, cost of getting to market reduced, and we call this evolution, **PROGRESS**.

If a town had 15,000 people and only fifty were sold to Chiropractic, and one Chiropractor was adjusting those fifty, the "saturation point" would be reached. If another comes into that town and he does no more to build up trade than the original sponger on that town, and draws his business in the same manner as the first man, viz., from those who come to him in spite of his doing nothing, then the "saturation point" has been doubled. The fifty people are not enough for one man, let alone two. But if the second man begins educating the people as to who he is, what he is, what he has, and where he is prepared to deliver service, he will educate another fifty, and still another fifty, and will **MANUFACTURE BUSINESS** out of the balance of the 14,950, **ALL OF WHOM NEED ADJUSTMENT FOR SUBLUXATIONS**.

The first man cried, "Chiropractic is rapidly reaching the saturation point" because he was eking out an existence on **HIS** fifty. There were still 14,950 in his town that had never taken **ONE** adjustment, much less the necessity of a prolonged **HEALTH SERVICE** that he was prepared to sell when he had sold himself to them.

The "saturation point" is not solved merely because a few people sit and sit and sit and bemoan the fact that few people come into their offices. Men get just what they give. Less coal, less heat. More publicity, more business.

The solution of the "saturation point" is more education to more people. This creates an understanding of Chiropractic in more people, which creates a demand for more adjustments, which demands more Chiropractors, and like a snowball accumu-

lates upon itself. Meanwhile, more of the world is served, better health is established, more efficient people are coming into their own.

If I were like many others and believed Chiropractic was for me and mine and I took that narrow selfish view, then I could have kept Chiropractic a family secret. I could have been the only one who would have been "blessed with the power" to give adjustments. But I could not adjust every subluxation in the world. There were 595,000,000 subluxations in this country, let alone the billions in the rest of the world. Meanwhile, I let down the bars and others floated in on my generous tide. Now THEY are in, they desire to exercise the alibi that I refused to use. Man is known by the motive he displays. If he portrays "me and mine" then you know his greed of gain and limitations of mind. If he portrays the good of a world then you know his liberality for others and his horizon is pushed away back.

SOME FIGURES TO CONSIDER

In the United States there are approximately 20,000 who call themselves Chiropractors. 10,000 of them are dead from the gullet north because they thought they could go to any school, get filled with anything, spew it on people, and rake in barrels of money. When they found they couldn't, they tried to limit competition with "saturation point" alibies.

10,000 of this motley crowd are mixers. They are not sold to a principle. They call themselves "chiropractors" because the other 10,000 have sold that name and service to the public. Mixers think it good to tack on to, to pick up business with. This 10,000 cry "saturation point" because they give nothing to sustain the life of CHIROPRACTIC. They belong to no association, they put nothing into the pot, they keep taking from. They sour on every movement and man that asks them to contribute to any movement which keeps CHIROPRACTIC alive. They sour on the men who inject MORE life into the alive 10,000 and who have to carry the overload of the dead 10,000.

10,000 of this crowd are alive, wide awake, up-and-doing. They are the straights. You will find them out of their shells in which they were born. They are the big, broad, generous and liberal

fellows. They attend state and national conventions, P.S.C. Lyceums, and other progressive CHIROPRACTIC movements. They go away from their villages frequently. They come out of their grouches. They realize that there is something besides village walls. They visit, investigate. They read periodicals. They bump elbows with big, brainy fellows. Their language is that of the optimist, the booster who passes on compliments. He is searching for more Chiropractic, better Chiropractors. He is easily picked out of the crowd.

The United States has 120,000,000 people. We have 10,000 live Chiropractors taking care of that minor portion who believe in Chiropractic. There are 120,000 physicians taking care of the major portion who believe in something from the outside. Out of 120,000,000, not more than 1,000,000 have taken adjustments; possibly 10,000,000 have heard the word Chiropractic. 110,000,000 haven't heard the word; 119,000,000 have not taken adjustments; and it is said that Chiropractic has reached the "saturation point."

As fast as we educate more people away from their beliefs in medicine, we increase their beliefs in Chiropractic; as fast as we take them away from doing something from the outside, we add them to our list of letting the inside come out. This is a process of education. It is not a question of standing still at one spot merely because these who NOW know are being taken care of. If 120,000 physicians can make a living, 10,000 Chiropractors are not sufficient to patch up their past and present blunders and take care of the millions of blind, lame, and halt who crowd our daily path. We have the dregs of centuries to rebuild. Millions now hobble that should walk. Everywhere the sick crowd the path of the well. There are millions of sick to one lone, idle, lazy Chiropractor — and then we talk about the "saturation point" having been reached.

There is a ready demand for 50,000 Chiropractors in the United States alone, today. Kentucky is demanding more. Georgia needs more. I have just come thru a tour of investigation to satisfy myself. I had heard about this "saturation point" so I went out to see. The great mass of sick people will not stand by and see their numbers dying on all sides because some mentally limited Chiropractor wants to draw curtains on the endeavor of others.

GOOSE AND GANDER

Fourth problem:

"You will think by now that I am trying to discourage you; that I do not think anyone should come into the profession. You are wrong. You asked me for my opinion. Do you want me to kid you? Shall I tell you a lie or show you the real article? Now if you are a fellow who likes people, who likes to deal intimately with them, who likes to be of some assistance to his fellow men, and can sympathize with them in their hour of trouble and is more interested in human welfare than in dollars, Chiropractic is the profession for you. There is an opportunity and a vast one for one to work. There is always a place, many outstretched arms for that kind of a fellow. Your age matters little. In fact, a few years just gives a man a better mind and a little cooler judgment. It is your view of life that counts."

Does he add the one great essential item — "It's your view of life that counts?" Come in, join with us, there are many millions needing what I have and you are going to get, and help us educate more people and you'll have all the business you educate the people to demand.

How do you account for this inconsistency?

"If you are a fellow who likes people, who likes to deal intimately with them, who likes to be of some assistance to his fellow man, and can sympathize with them in their hour of trouble, and is more interested in human welfare than in dollars, Chiropractic is the profession for you. THERE IS AN OPPORTUNITY AND A VAST ONE FOR YOU. There is ALWAYS A PLACE, MANY OUTSTRETCHED ARMS FOR THAT KIND OF A FELLOW."

Let us analyze. If you want to get sick people well, FOR NOTHING, there is a "VAST" field for you to work in, "MANY outstretched arms," etc. If you want to get those same sick people well, FOR PAY, then Chiropractic is rapidly reaching its "saturation point." If the sick are there and they want adjustments, what is it that makes them fade out of the picture when the dollar enters?

I am sorry Dr. Hardie hasn't that viewpoint. Dr. Hardie is a buyer and purveyor of P.S.C. advertising matter. He has been

a constant and permanent buyer. He knows that it pays to spread the gospel. Perhaps that accounts for why he directs you to another school. Perhaps he is more afraid of competition from a school whose qualities he knows. How much better it would be if Dr. Hardie joined with other parties and they bought and distributed their educational matter jointly. Dr. Hardie more than appreciates that there is enough business in his town of 15,000 population to take care of more than two Chiropractors. In cooperation he will build a larger business than he has ever had. Dr. Hardie surely will not contend that EVERY BACK-BONE in Owensboro has been adjusted at his hands or that every backbone that will be, has been. Would he let the rest go on being sick and die because he wants to take his own time till they come to him?

The above quoted statement weakens the entire purport of what Dr. Hardie has said as to Chiropractic having reached the "saturation point." He says there are TOO MANY Chiropractors and then admits that there is plenty of opportunity IF a person really wants to get the sick well. He implies that many Chiropractors are in the profession primarily for dollars. This is true, and it is deplorable, but it is no argument in support of his contention that the "saturation point" has been reached. The one statement quoted nullifies all that he has written on the question of "saturation" because of an alleged oversupply of Chiropractors.

ESSENTIALS OR GOAT-FEATHERS?

Fifth problem:

Dr. Hardie asserts "The ——— give their students a better all around education than any other college in the country."

Dr. Hardie is right in this assertion. There are many "Chiropractic" schools, colleges, and universities that teach many subjects to many people, who don't know what they need, the things they want. These schools appeal to people BEFORE they study Chiropractic. The P.S.C. appeals to those same people afterwards. The P.S.C. has had hundreds of post-graduates in its classes from schools, and hundreds of graduates of other schools send students here.

The P.S.C. does not teach an "all around education" of subjects foreign to Chiropractic. It is BUILDING CHIROPRACTORS as Henry Ford builds Fords.

SIZE IS A "SPILLER" AND SUSTAINER

Sixth problem:

Dr. Hardie tells us that The P.S.C. is so large that its students "get very little." But Dr. Hardie GOT it. That has been the hue and cry ever since the very beginning.

The field divides itself into those who take the larger viewpoint and those who can't. The man who cries "saturation point" congestion of the field, size of school, B.J.'s long hair, largest hospitals, dissection, and other things The P.S.C. never heard of; amongst the rest of which might be mentioned a premium which many schools offer which varies between \$25 and 10 per cent of the tuition paid.

Cast your eye down the line on Woolworth, Ford, Standard Oil, Swift and other "SO LARGE" institutions. They MUST deliver or go to the wall. The same is true here. What MADE US GET TO PRESENT SIZE? Superior ability and delivery. What makes other schools smaller? The opposite. Leonard Knowles is one of those "get very little" fellows and so are the others from whom you have heard favorably. Dr. Hardie has made good for eight years.

DOES ALL "EDUCATION" WORK?

Dr. Hardie was here eight years ago when we taught a great deal less than we do now. By comparison, just as we were young then so has our ability to discover and develop more made us able to impart more of that Chiropractic education greater today.

Dr. Hardie asserts that he knows of students "coming from it that have never adjusted a patient." He's right! I know of some who graduated from it years ago who have never had a patient yet. They had the idea that you could enter the field, stick up a dirty sign, put your feet upon the desk, and that people would bust down their doors to shove money in their jeans because they were a pioneer "curiosity."

He's right! I know of students who came, paid tuition, and didn't stay long — because they wouldn't work! We have no time for barnacles! I know of students who have gone thru this school who have never adjusted a patient — and come out without a diploma. During clinic you would find them hanging about in the rear of the room, lally-gagging or out in the halls or on the street smoking fags.

He's right! But the way he put it tells only one-half the story and lets you infer the wrong things by imagining what he means. No man or woman has ever gone out of here without knowing more than he came to get, paid for, and is entitled to; and he was able to deliver excellent adjustments IF HE APPLIED HIMSELF TO THE WORK AND TRIED.

This goes to the root of what constitutes an education and how it is gotten! Some people think that all they have to do is set themselves down in an assigned chair, always be present when time is checked, crib on exams, and it is up to the school to deliver brains, ability, and business. They, like birds, sit on the roost and expect mama birds to dig up worms and force them down their throats. This is an institution of people who think big and get out after things. They must bring themselves here, apply their minds, think and reason, put themselves into what they are doing, and go after business, for it will never come to them. We want men, not loafers; women, not dolls; workers, not pikers; thinkers, not those who want others to do it for them merely because they pay others to help them.

SHADOW OR SUBSTANCE

Seventh problem:

Dr. Hardie states that other schools have access to the "largest hospitals" of Chicago.

What value are operations for appendicitis, seeing tonsils cut out, etc., when he needs to know how to deliver ADJUSTMENTS to get the sick well. I have yet to see my first operation. Am I any the less a Chiropractor?

A man gets just what he goes after and WHAT HE GETS depends upon WHERE HE GOES. If, graduating in Chiropractic, you want to witness operations at these "largest hospitals" you

can also do as hundreds do every year — get a visitor's card and visit to your heart's content. You don't have to enroll in any school to get that privilege. Any layman can get it any time. This is not a special privilege granted a student because he has enrolled with any one certain school in Chicago. Dr. Hardie mentions one certain institution. ANYBODY can "have access" AT ANY TIME.

Eighth problem:

Dr. Hardie seems to think that it is an "all around education" small school, dissection, "largest hospitals and operations" and many things "The P.S.C. never heard of" that YOU want.

Note the inconsistency. He belittles The P.S.C. because, as a 100 per cent CHIROPRACTIC institution, it is "so large," and highly commends the "LARGEST HOSPITALS" which are anti-Chiropractic. If The P.S.C. is "so large their students get very little," why wouldn't access to those "largest hospitals" produce the same effect? And, by inverse ratio, if there is value to be gleaned from the "LARGEST hospitals," there would be value from the LARGEST CHIROPRACTIC SCHOOL.

It is CHIROPRACTIC that gets the sick well. If that "all around (medical) education" did get the sick well, there would be no need for Dr. Hardie and Chiropractic. It is because of the "all around (medical) education," "largest hospitals" and many other "things The P.S.C. never heard of" that Chiropractic was born.

WHAT WOULD YOU HAVE DONE?

Ninth problem:

In your letter you state that you think "there must be some under current that has not come to the surface."

Up to a year ago the Chiropractic movement was on the toboggan, sliding fast down a greased plank. Chiropractic was right but the public mind was losing confidence in it. That was because of the 10,000 hangers-on who were putting 10,000 straights in bad. Knowing this, I had one of two courses open: let Chiropractic go or fight with the 10,000 straights for a public comeback. We fought to save Chiropractic.

"Chiropractors" divided themselves into two camps. This meant a direct immediate split of one 10,000 against the other 10,000. I led the straights. In cleaning house, I engendered ill feeling of many who misunderstood my methods, misjudged the conditions upon which the campaign was based, or misconstrued my motives, all of which also came from some friends who heartily agreed later when they knew. With others I have not had their ear; they won't listen or reason, hence it will take years for them to wear themselves out and gradually let the right fit in. 10,000 think I was right and 10,000 think I was wrong. Only time can tell, but this much I do know: Chiropractic has been saved in its purity for posterity. That was what was at stake and that is what was saved.

As a direct result of this condition the field has been split into the "straights" and the "mixers." This class discrimination the "mixers" resent. Naturally, in thus classifying Chiropractic and Chiropractors, some think I did a grave injustice in questioning their right to do anything they please so long as it pleased them. They maintained that giving anything was an American democracy right which no man can abridge. In this they are right. But here was a philosophy, science, and art of internal service value on the brink of oblivion. The question we settled was between the rights of a group of sincere mixers and the right of humanity for posterity. I took the larger view, believing that CHIROPRACTIC was greater than the rights of a man or any group of men to make a living today and scuttle the ship for future generations.

THE FIELD HAS A RIGHT TO KNOW

Tenth problem:

Dr. Hardie did not give you the name of that school that stated "The statistics compiled by one of the largest schools in existence shows that 70% of the graduates of their institution failed to establish practices that kept them in the profession." WHOM did he mean? Will you please inquire and let me know?

MEDICINE HAS LOST THAT WAY

Eleventh problem:

A parallel of higher preliminary education can be found in medicine. Medicine was one of the arts that man cannot know too much about so they gradually climbed the scale of requirements. It began (sixty years ago) with a man studying in another doctor's office, issuing him a letter, registering him, and he began to practice. It has stepped up until he is required to have grade school (nine years), high school (four years), two years of pre-academic work, six years of medical college, and one year internship in a hospital (22 years in all), all of which must be standard "A" schools passed upon and endorsed by the American Medical Association. Hence medical colleges have died like rats at their hands.

For five years physicians have been dying faster than they have been produced, hence the holler that they are NOW graduating "specialists" who invest so much in their education that they go into the cities and advise unnecessary operations to earn it back; that a "specialist" cannot afford to go to small towns, as the income is not commensurate to the investment. Small towns are crying for physicians; and in the absence of physicians THEY ARE WRITING TO THE P.S.C. TO SUPPLY THEM CHIROPRACTORS.

The P.S.C. is not concerned in that "all around education" idea. It matters not whether he knows Latin, Greek, algebra, mathematics, astronomy, logarithms, etc., but we are vitally concerned in whether he can go to a sick person, find the right subluxation, adjust it correctly, AND GET THAT PERSON WELL. This is based upon what he learns in a CHIROPRACTIC school, not what he learns about foreign subjects before he comes to one. An "all around education" is based upon higher preliminary theoretical training. The P.S.C. education is based on practical application of the principle of Chiropractic to the sick.

The American Medical Association is now discussing the necessity for reducing educational requirements. It is being seriously considered now to make medicine a three-year subject, with no two-year pre-academic work and no one-year internship,

to graduate the practitioner who will become the "family physician"; and still maintain the twenty-two-year qualifications for "specialists."

THEY are worried. They see their number decreasing. They see the public demanding doctors. They see The P.S.C. supplying the demand. They should be worried. The more they increase educational requirements, the more they decrease their numerical strength. The more we stand solid on our three-year practical course, the more we fill their loss. And, should we pile up, year after year, we, too, would suffer with the same thinning-out of OUR ranks.

Sick man enters. Why does he go to a doctor? Does he make inquiries as to whether he knows Latin, Greek? Or does he come to him to GET WELL? Even tho "ignorant" (so far as book worming is concerned), if he GETS HIM WELL, he has fame and fortune at his command. And even tho he knows the library universe, if he fails, then he is an ordinary staller of alibies.

Dr. Hardie will admit that physicians possess that "all around education" and have failed; yet Dr. Hardie is convinced that CHIROPRACTORS without that "all around education" are accomplishing results that they can't get.

INSIDE OUT, OR OUTSIDE IN?

The P.S.C. as a Chiropractic institution of teaching, or the Chiropractor as a practitioner of Chiropractic, are not interested in the quality of urine, sputum, blood, or faeces, or in whether it contains germs of one kind or another; how many, or what character emits FROM the body.

The P.S.C. is in business to produce CHIROPRACTORS who can serve humanity to get them well. If he can do this IN SPITE of knowing an "all around education," all is well. If he can do this without that "all around education" then all is also well. We are vitally concerned in knowing what practical value comes OUT of the funnel, not how much theory you pour into it.

We are not concerned in the quality of urine, sputum, blood. But we ARE concerned in knowing where the subluxation is that is making any or all abnormal, and how to correct that cause to get case well. We are not concerned in what the man puts INTO his mouth, but how his body takes care of it once it is in. Any man who does examine the excrescences, looks down a man's throat, into his eyes, up his nose, and pokes into his ears, could be said to have an "all around education"; and once he gets it is less able to concentrate upon the right subluxation and the proper way to adjust it.

And now comes the last of the great problems our profession has become divided upon—the legislative one. It is a trait in men to holler tyranny as long as somebody else is squeezing them; but let THEM get in and they are the loudest to holler "close the state." History is replete with examples.

The U.C.A. believes that HUMANITY HAS RIGHTS and that POSTERITY HAS MORE RIGHTS THAN THE PRESENT GENERATION.

ALL OVER AGAIN

It's the question of the class against the mass. No question is EVER settled until the mass speak. The class steals the rights of the mass. The mass revolts and then we have an overthrow of former government. It's occurring now in many places. It will occur with us if we step too far. If we are reasonable the people will merely frown upon our efforts. In many states the people have revolted against medical interests that have stolen their rights. We Chiropractors have helped them. Now we desire to also steal the same rights. History teaches some of our people nothing.

The U.C.A. has been fighting to keep states OPEN that more may come now, that more people may be served now, and that more people in the next generation may be served then. This has divided the field into those who think that their present rights are all to be considered. They are selfish and mercenary. The balance think the future has rights which must be preserved.

Thruout these activities, we here at The P.S.C. and in The U.C.A. have been leaders. It has placed us in the forefront of pushing each solution that is judged to be right by the 10,000 who form these conclusions. I do not know where Dr. Hardie stands on any or all of them. But I can see sufficient material in all of them to give Dr. Hardie plenty of reasons for taking an opposite opinion which would differ with our leadership. I cannot take out of his mind all the opposing thots that might be there.

YOU MUST SETTLE IT FOR YOU

So, after all, it is a question that you have to settle as to whether the opinion of a man who wants to keep you out is more worthy of attention than the opinions of those who want to welcome you into their profession, believing as they do that there is plenty of business for all if you will get in and **HELP TO PRODUCE IT.**

I am sorry to take up so much of your time, but there are so many angles and so much to be said that I have but hit at some of the high spots on some of them.

Let me hear from you after you have taken this letter to Dr. Knowles and gone over it with him. He will tell you that these **ARE** the problems our profession is being confronted with.

I am

Very truly yours,
B. J. Palmer, D.C., Ph.C.

(Fountain Head News, September 8, 1923, TWENTY-EIGHT YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 47

The Story Of BIRTH OF THE NEUROCALOMETER

At 1923 Lyceum — TWENTY-EIGHT YEARS AGO — we officially introduced the Neurocalometer to our profession. Preceding this, we here had tested it, tried it, found what it could and would do. We had taken it out on the road, had sold a few under varying circumstances, so its advent at this particular time was its baptism altho it had been in gestation some time before.

At that Lyceum, we made many statements for and in its behalf. Many thot some of those premises were wild, rash, and impossible. Were they? We said it would do certain things. Did it? We said it would have a certain and definite effect in evolutionizing our Chiropractic approach. Has it? We said it was the turning point for taking the guess out of our work. Was it? We said it was the beginning of the change from a human dogmatism — would change us from dogmatists advocating a dogma to being human scientists; would convert us to scientific thinking, advocating a science. Did it? Were we prophetic then; were we guessing then; were we stabbing in the dark; were we dogmatically expressing wishful thinking or did we know what we had, what it would do; and has it done those things since?

These and many more questions we could ask after twenty-eight years and the present-day effect it has had upon us and our profession. Approximately 5,000 neurocalometers are now in use in our and foreign countries.

In those days — twenty-eight years ago — everything under the sun was hurled at us. We were money mad. We wanted to dominate and control the profession. We wanted to think, act our way, and they had to follow. Our every motive was questioned. Our sincerity and honesty were challenged.

What has time proved? The best way for all to make a comparison is to go back into the files of our FOUNTAIN HEAD NEWS, see what we said then, then let *you* form your answers as of now.

Fountain Head News of July 26, 1924, said:

INFRINGEMENTS

A General Lay of the Ground

No sooner was the formal announcement made of the *Neurocalometer* than the Chiropractic profession saw its supreme value, and everybody IMMEDIATELY demanded one. They wanted it pronto, immediately, if not sooner. They became panic-stricken, almost conscience-stricken. Several, that we know, closed their offices rather than go on as before.

This immediate demand for *Neurocalometers* created a necessity for the getting together of money with which to get one. As soon as money was being gathered for THIS purpose, it was lost for ALL OTHER objects. The bottom fell out of the adjusting table business, X-Ray business, etc. Hundreds of orders or contracts on hand took a slump that has failed to recover to this date, although it will.

The PSC has sold few tables since — everybody is saving for *Neurocalometers*. We have been told that scores of contracts on hand had been cancelled in spinograph outfits, etc. No matter how unjustified such hasty conclusions were, that is what happened.

Hence, many who manufactured tables or sold spinograph outfits to Chiropractors, jumped post-haste into the *Neurocalometer* infringement business of meeting that which WAS in demand. Therefore, this article will deal with these infringements, to date. We will not guarantee to go beyond that, for each new day brings new babies — both dead and alive.

First — A man suddenly burst forth with wild and outlandish statements. One of the biggest businesses in America was making his. They promised him they would back him to the limit, prosecute suits against anybody who interfered with his rights. He began selling instruments and had some 700 sold before he had a demonstrator. He sold territorial rights, left and right. It wasn't long until he got a single demonstrator. PSC students flocked by the hundreds to see it work — but, he never worked it. He was so busy selling New York rights that he couldn't demonstrate a

COMPLETE reading from atlas to coccyx on anybody. And, we were told that his instrument was made by the largest firm in America, and they had his order for several hundred, with immediate delivery backing him.

What ARE the FACTS? His instrument did come from the largest firm. They did make a model before they knew of the patent situation. As soon as they informed themselves, they immediately dropped him and all other infringers. Did his instrument work? He couldn't make a thorough reading with any degree of satisfaction. His needle went up on one side and stuck there. Did he ever sell a single instrument? We have our serious doubts — we can get a record of none.

What is the situation of Infringement No. 1 today? He has an instrument that will not work. The factory that made this one did so under a misstatement of facts. They will not make any more for him or anybody else. No other factory will take his promised big business. His territory remains unsold. Everything is quiet in his camp. He sleeps the weary nightmare that hangs over the morning after the night before. It died a-borning.

Second — Announcements came forth of another instrument, name similar to *Neurocalometer*. It came from what we had always supposed were friends. For, friends, we had their complete and exclusive equipment in our institution. Although under no financial obligations to do so, we boosted that line. Thousands of sales were made. Hundreds of thousands of dollars kept this party alive and fed one factory which practically did nothing but Chiropractic business.

No sooner the announcement of the *Neurocalometer* than the sudden turning of friend to foe. This was quickly followed by an announcement of an infringement. No reports reach us of any demonstrations, although frequent promises are made of a future dating.

This good fellow, working under a misapprehension of the facts (although excuse of law forgives none) is selling territory to the East, West, North and South of us. There are tacks right ahead which are going to flatten some tires, which means keeping a very steady hand on the steering wheel and driving slowly, or many riders are going to land in a ditch upside down.

It is interesting to note that the X-Ray equipment which we had in our institution, which was on consignment, was suddenly jerked out within a 24-hours notice, hardly giving us time to get a duplicate installation.

Infringement No. 2 came from a source that had been given a fat living for many years.

Third—The third infringement bursted out down East. It came with a shout and a holler. It was heard for many miles around. It created some eruption — not the machine — but the excitement from whom it came.

Their instrument is out. It has been demonstrated, although I use that word "demonstration" with a certain modest shame. I have been correctly informed that they make "just a short demonstration to prove that it works" and then give the on-lookers a long rigmarole about hokum, apple-sauce and "hot-damn", which creates many a mirthful smirk even if it does NOT prove the value of an instrument (or sell any), to which you are asked to trust human lives.

That instrument, like all others so far tested, starts out perfectly. It makes a perfect reading for about the first seven vertebrae, then it begins to get loggy, thick-headed, slow in its action. When the demonstrator sees this condition appearing he quickly closes the demonstration and side-tracks attention by more "bush-wha" against the *Neurocalometer* and BJP. They have an ordinary thermocouple hot and cold junction, and they can't overcome the inaccurate readings when the cold side gets hot. They work perfectly up until it gets hot. It gets hot about the seventh cervical.

So, unless they can do better work than this, this infringement will die for the want of perfect demonstrations. However, the ordinary person wouldn't think of this inaccuracy of work. They would just think "it is easier to make quick tests in the neck, without removing clothing, and it proves itself, so what more do I need?" After he had the machine and was compelled to compare its incapacibilities with what THE NEUROCALOMETER will do, he would see the difference.

It is interesting, in the passing, to note that Infringement No. 2 is working under the suggestions of their patent attorney who

wrote US a letter, which they are frequently showing to THEIR prospective customers.

Did we get such a letter from their attorney? Yes. And, that's the serious issue, because we want to tell you about what the letter contained.

(a) "My client ——— has appealed to me to *make a search* in the Patent Office for ANY patents which MIGHT BE infringed by the use of his device. I have made such a search AND DO NOT FIND ANY PATENTS IN POINT" (emphasis ours).

(b) Throughout his entire letter he completely ignores any reference to telling his client, or their prospective customers, what will happen when our PATENTS-APPLIED-FOR are allowed, and what he was doing WAS an infringement upon same.

In other words, this lawyer cleverly puts everything in the *past* tense, what HAS happened; but he slyly evades ANY reference to what *will* happen from the realities of *the present* situation.

However, the one VALUABLE POINT BROUGHT FORTH IS THAT LAWYER AGAIN CONFIRMS OUR POSITION — that there has never been a single patent issued by the U.S. Patent Office bearing on the *Neurocalometer* or its process. It is this and these which we have fully covered in our claims now before the Patent Office.

It is regrettable that Infringement No. 3 has allowed their attorney to lead them into pastures green without having him also prove to them the immediate prospects squarely ahead.

Fourth — Now come rumors of an infringement which suddenly bursts out of the blue sky in Chicago. A date is set, appointments made for Sunday. The man appears with his instrument. He must be a wonderful man, because he started out by reciting that his offices contained thousands of dollars worth of the latest scientific instruments and machinery, so that he could give his patients the latest and best that science offered, this instrument which he was about to demonstrate being his latest and had cost him over \$1,500.00 in experimentation.

It is best described by imagining two fairly heavy hair pins driven through a cork about one-fourth of an inch apart. He was compelled to press VERY hard to get any sort of a reading at all. This became very painful to the patient.

Meanwhile, before he had demonstrated, as is common with practically all other infringements, our warning about protection had gone out and the Chiropractors (no matter how much they did not like what we were doing) were perfectly willing to profit from our advice, so they asked that chap what protection he would offer. It is reported that he flew off into a rage and "was not selling guarantees, methods or technique, or legal protection — but just the instrument as it sat on the bench."

However, this flying off into rages when protection is demanded, seems to be a favorite inside sport with infringers. Infringement No. 1 used to get so wild when that subject was opened that he has been known to be quite rough with some of his prospective customers. Infringement No. 2 has been heard to say many hours of very uncomplimentary things regarding his former friends, particularly whenever this question of protection came up. It appears to be a ticklish subject that they prefer to stay off of; but *if you insist upon sticking to it* and they refuse to protect you, you can see that they have very few avenues of escape; that first it embarrasses them, second they will not deliver such, and third, they are therefore driven into the corner of desperation and get mad and swear and tell things that would hardly be construed to be strictly within the lines of propriety.

Infringement No. 3 studiously REFUSES to give ANY kind of protection to the buyer, but they do cleverly fall back on "their lawyer's letter."

(If we might be pardoned, at this interjection, for again referring to the matter, we would like to most emphatically urge that ANYBODY WHO IS THINKING OF BUYING ANY INSTRUMENT OTHER THAN THE NEUROCALOMETER, should refuse to pay one dollar until the six points in our recent pink sheet HAVE BEEN FULLY COMPLIED WITH AND IN YOUR POSSESSION, then is time enough to buy to your heart's content. THEN you will be protected — provided the seller is worth anything.)

(It may also be interesting for prospective buyers of infringements to know that we know definitely of two infringers, one East and one Middle West, who are as fast as possible converting everything they own into liquid assets and placing it where it cannot be reached BY YOU when you go after it.)

(The PSC has been HERE twenty-eight years. It will be here another twenty-eight years. We have Chiropractic to uphold. They have nothing to lose because the most of it is in their wife's name and planted where YOU can't get it — even supposing they ever had anything to lose. But then, it's your funeral, and you certainly have a perfect right to say how it shall be conducted, and who shall be the mourners.)

Fifth — With this infringement, which is less so than some others, you would think you were going to talk to somebody, electricity 'n everything. You hook it up to the juice, take one dinkus in one hand and then go up and down the back with the other dinkus and give the patient electric shocks, and if they twitch and jerk, then there is a pressure upon nerves. If the patient can eat up the juice as fast as you turn her on through radio buttons, then he certainly has no subluxations and his nerves have no pressures. Ever hear about a sinusoidal machine? A medical method of diagnosis? All right, then dress it up in a radio panel with buttons and graduations, hook to the city juice and you have Infringement No. 5.

The infringement lies mostly in this instrument in the advertisements used to describe it, the representation they give to the prospective customer, and the inference that lies underneath in the process used to get you to buy them. So far as it infringes on "process" we have it sealed because of our patents-applied for.

But, I look for an early death for this baby, because it was born of a medical parentage, and they are trying to graft it onto the Chiropractic tree and I give Chiropractors credit for seeing through such a shallowness. The early pickings are going to be slow and the reaction bad on the institution which issues it.

Sixth — A short time ago I was down East demonstrating. A certain school then came forth with a letter that "I was A MIXER" because I was "using a machine." It is now reported that they are trying to come forth with one in less than one month after. However, as they have none as yet, we cannot comment on it beyond this.

Now comes a form letter issued by a Branch Territorial Manager of Infringer No. 2. I am quoting certain portions thereof only to prove one point. This man has never seen a *Neurocalo-*

meter or any of its infringements. I know, because the boss who sold him territory has never had one, hasn't one out yet, is still fooling with one (at the time of this writing), trying to get one to do competent work — and yet, please note the positive statements which could only be made by one who has been through the work TO KNOW. Then, if that man does *not know* because he has never seen one work, and his boss *doesn't know* because he has never had one that works — then whence comes this degree of positiveness? They just copy WHAT ONE B. J. PALMER HAS SAID. Read the language copied here carefully and then compare it with my first printed circular to the field, and you will find that HE has COPIED ME almost verbatim. I thank him for the honor he does my knowledge in placing such a high valuation on MY honesty, but I am sorry I cannot return the compliment.

"The ——— is a 'major picker' instrument which registers extremely delicate differences in nerve pressures and transmission interferences. It locates your nerve pressures which are causing the major conditions and tells you the degree of that impingement. It proves whether the pressure on the nerve was released or increased after an adjustment, and shows you on which side of the spine the greatest amount of pressure is being exerted. It proves that some subluxations produce little, if any, pressure. It proves that some vertebrae are producing impingement when apparently they palpate in perfect alignment. It establishes that there are abnormalities of the intervertebral foramina the same as the spinous processes. These and numerous other facts are proved to you and to the satisfaction of your patients.

"After the tabulating of the degrees of the nerve pressure found in the impingements which are actually determined by the ———, the chiropractor makes his adjustment accordingly. The ——— is again applied for the purpose of checking up on the adjustment. If the proper adjustment has been made, the instrument will show a smaller variation than before, indicating less nerve pressure.

"Regular adjustments, duplicating the one which secured a reduction of nerve pressure, are given, constantly checked by the ———, until all variations in pressures and interferences have disappeared, when the case is discharged.

"The ——— will revolutionize present practice and charging methods. With it there will be no long term of adjustments, as are now the rule. The time will come very soon when every Chiropractor will have a machine; the competition of those who have it will necessarily bring this about, for with it Chiropractic becomes a certainty, and without it, just a chance."

Not being content to infringe upon patents-applied-for, they now steal my language and plagiarize my written works. Oh well, what do words mean if they can't back it up with the article?

What ARE the facts? D. D. Evins has some seven patents applied for in the Patent Office. They cover designs, devices and processes. The PSC has been given the sole and exclusive manufacture and sale of everything covered by these patents in this and sixteen other countries in which the same applications have been made. When those patents are issued the field will be clear of infringements. Meanwhile we at The PSC are sitting tight to later on be sitting pretty.

Many think WE are worrying. Not so! It is the infringers who ARE worried, and more will follow. Buyers are standing on the sidelines, worried, not knowing where to buy, trying to reason for the cheap article when their best reason tells them that they can't afford to move when there is danger squarely ahead. Their confidence in us is shaken because of our price, yet their confidence in us is so great that THEY KNOW what we do is done for a good and sufficient reason TO SAVE CHIROPRACTIC. They want to believe us and then waver when they think of our price without reasoning out the service vision that goes with it. They KNOW The PSC is stable, yet they KNOW these fly-by-nights are not. Their left hand, holding the money, advises them to buy The PSC. Their right hand is being burned and frozen, and they hate to let go of the cheap, hot-and-cold-junction initiation that is blowing both hot and cold.

Meanwhile, certain selling firms and certain Chiropractors are going right ahead trying to sell under a misapprehension of facts and, notwithstanding they have been warned by direct letter from us or our lawyers, they are going to get caught between the legal wheels. But we have been more than fair by spending money to warn the profession. They have a perfect right to buy cheap now, but they also have a perfect right to pay dearly tomorrow.

This much is certain. The largest manufacturing firms in America, who might otherwise be inclined to take a chance, are laying off this infringement issue. They will not permit themselves to get mixed up into legal entanglements, especially on a process suit, merely because there are a few sales in sight from a half dozen infringers who want to buy. They know patent situa-

tions, they know patent lawsuits and they know the loss that follows from being on the wrong side of a suit, therefore they show the keen weather eye by fighting shy of anything but open and above-board, clean-cut business arrangements with responsible houses who have the patent situation at their beck and call.

In this connection it is interesting to note that two of these largest houses in America are exclusively making *Neurocalometer* parts for The Palmer School of Chiropractic. There are only two other reliable houses who could, but will not, because it is out of their line to get meshed into legal suits merely because somebody wants them to. Therefore most of these infringements are being bootlegged from one back kitchen to another. Several of the present infringing demonstrating models work as well as they do because they were made by these responsible firms before they knew the patent situation. Now that they know, they are off to stay out.

The *Neurocalometer* has stirred up many dormant people. They have spent much money to advertise it for us. They have caused gossips to renew their activities. They have aroused many passive lobes of brains. They have caused many of my friends to say many unpleasant things; they have caused many who I did not know were friends to come to the front and become fighters. Truly, it can be said that I now KNOW who my friends have been and are. The *Neurocalometer* situation has smoked the real fellow, inside, out. One of my epigrams is this — and ponder it well — WHAT THE FELLOW IS, INSIDE, IS! WHAT THE FELLOW IS, INSIDE, WILL COME OUT SOONER OR LATER! So many people build up an artificial outdoor fair-weather self. In an artificial shell, they sacrifice the surface. They veneer their swear words with a smile. They shake hands when they want to knock me down. They have been telling me what a great fellow I was, meanwhile they have been stealing berries out of all my pockets — getting everything FROM ME, and getting sore if I EVEN DARED TO ASK FOR ANYTHING. This *Neurocalometer* has cleared away the smoke screen and brought the real inside fellow out and I have seen their type in their nakedness.

Not many weeks or months from this, this same group will be running true to their form and will be snivelling and slobber-

ing all over me again, because they will be finding that it is necessary that they have a *Neurocalometer*. They will then reason that I should have a short memory. Will I? They will holler and bellow that I should think "of the right of the sick to get well," when they but boomerang their own desire to stay in business. Are they running true to form? Is it better serving Chiropractic to have a profession of men and women who are true, honest; have but one inside-and-outside fellow, and that fellow playing fair and square? What will be MY answer when they again honey-up to me?

Then there is the other type. Hundreds of whom I have always known where they were. For years I could put my fingers on them, day or night, in or out of crowds, in their offices and homes; whether with Chiropractors or associations. They run true to Chiropractic, therefore they run true to all that is honorable, good, loyal, honest and worth-while. They come from all corners of our movement. Some of my "friends" went down in the squeeze. Many of my FRIENDS came through the pressure unscathed, untarnished, bigger, better than ever before.

The *Neurocalometer* is proving to be the true test of leadership. If one B. J. Palmer comes through this situation unsullied, unscathed, unmarred; with a reputation and confidence unshaken; with a right to leadership better proven than ever before, because of the greatness of his vision in saving Chiropractic, then he will in verity have earned his position which will NEVER BE ATTACKED AGAIN BY ANY PERSON, NO MATTER WHO OR UNDER WHAT CIRCUMSTANCES. Judgment, vision, confidence — all are going through the test now.

For once the *Neurocalometer* has created a widespread national, Chiropractic and medical interest. E. R. V. speaks out loud on a yellow sheet, quoting us frequently. The A.M.A. Journal speaks truths about the *Neurocalometer*, what it will do for the sick — and The P.S.C. Chiropractic state and district meetings have talked out loud both for and against. Correspondence has come in by the bushel, many seeing the great vision of human service and complimenting us sky-high for at last taking the stand we have to save Chiropractic from the hounds that drag it down. Other correspondence shrieks money from the first word to the blessing at the end — which they withhold.

Chiropractic schools have openly, or secretly, been condemning us for years and making us like it. They have been calling themselves "Palmer Methods" and then bleeding our mental impulses flagrantly. They have denied us everything Chiropractic, and copy-tagged us all along the line. Now they openly proclaim us by flattering us by imitating our *Neurocalometer*. For once, schools have endorsed that which The Dear Old P.S.C. has produced. Nothing has so thoroughly stirred up Chiropractic circles as this. We have heard and been heard on all sides, and yet we remain true and firm to our trust, never wavering from our path of duty, as we see it, if CHIROPRACTIC IS TO BE SAVED IN ITS PURITY FOR POSTERITY.

Meanwhile infringers are bobbing up and dying down, coming and going, blustering and blowing, making rash promises which they will all take back; and when the smoke of battle is blown away The P.S.C. and the *Neurocalometer* will still be here doing business at the old stand in the program so justly set forth — and the worthwhile Chiropractors will be working with THEIR *Neurocalometers* safe and secure in their patent rights, with no worries on that score, happy and smiling, thankful that they had the good foresight, good judgment and loyalty to know where to place their confidence, knowing that it was merited at The P.S.C. and that they saved the difference by buying when they did.

Some will smile that they picked the winning horse, and others will be sad to lose so much to learn so little.

It is plainly evident that there is going to be much excitement here during Lyceum. The P.S.C. will spend the money to advertise the *Neurocalometer* and get you here. You will come because of the consistent, educational program that you know only too well can only be put on BY The P.S.C. The sycophants, bloodsuckers and leeches will all flock here to pick up the crumbs from the labors of The P.S.C. Were he not a parasite and hangeron, he would not desire to come to Davenport at the Lyceum of The P.S.C. and attempt his major operation upon our healthy appendix or the appendixes of our friends who will gather here at that time to do honor to the *Neurocalometer* and the institution that figured it all over and presented it to the profession. Were he an honorable man, one content upon building up his own business, he would figure out an idea of his own, call a Lyceum of

his own of the noble fellows and then and there, in his own town, in his own institution, would present the same for them to accept or reject. It is just such actions that prove again and again that the Chiropractic group-mind cannot be trusted to save Chiropractic in its purity for posterity. All they are interested in is being spittle-lickers of others.

'Twas always such; 'twill always be, so long as there are those who prefer to feed beggars rather than to assist them to earn their own living. But who wants to come here during Lyceum and brand themselves beggars? There are those who will do all that and say "Well, outside of that I'm all right!"

Fountain Head News of August 2, 1924, said:

MORE ABOUT NEUROCALOMETER SERVICE

Twice a Year Inspection

Some people have the idea that this twice a year inspection service which we are advocating as a necessity constitutes nothing but a man to come "and see if the machine is working."

To us here it means much more than that. We are building a traveling school, a corps of men who will visit you, check up your technique with the *Neurocalometer*, study your methods of philosophy, palpation, adjustments, and be a friend who checks you on the slips that injure your business. He will be a personal representative from The P.S.C. HELPING TO BUILD UP YOUR FAILURES INTO SUCCESSES. Every six months the school will call and help you build.

This in itself is worth more than any price of any lease-contract.

Having "*Neurocalometer* service in YOUR office" means that every other quality of work balances to the same high degree of efficiency. And our traveling technicians will help build you up to that position.

REASON REACTS

At first when the *Neurocalometer* was presented down East, it took the country by storm. They thought the price of \$500.00 pretty stiff, but it was worth it. Then came the raise to \$600.00,

and some resentment. Then came that short-times raise to \$750.00. And then the storm burst loose. It was a monsoon, typhoon, hurricane and tornado all at once centralizing at the same spot.

A short time later came the infringers with their soft-eyed appeals for business. We will "give you the same thing at a much lower price," "will sell to everybody and anybody, with no restrictions whatsoever," "do anything you please with it" argument.

Just about this time the reaction began. The Chiropractors began to wake up that they couldn't have pie and eat it; that they couldn't get a Pierce-Arrow custom-built body at a Ford price; that if they wanted exclusive service they had to pay for it. They began to see daylight into that far-visioned dream of a reconstructed Chiropractic and Chiropractic movement that B.J.P. has dreamed about for years. They began to see that the *Neurocalometer* had those dormant possibilities IF IT WERE KEPT AS A PROFESSIONAL SERVICE AND OUT OF THE HANDS OF EVERYBODY AND ANYBODY. It wasn't long until the profession — by individuals at first, later in groups, then in districts, and finally in entire states — began to see that the "*Neurocalometer* in everybody's hands" and he who would sell everybody and anybody was the worst enemy Chiropractic could have.

At first they called me grafter, soaker, gouging the profession merely because my price WAS high. Now they are grasping that IT IS NECESSARY to charge that HIGH price to render the Chiropractors an exclusive service. NOW the profession is almost revolting against the man who started out to give the Chiropractors what they thought they wanted — because NOW they see that HE IS THE MAN WHO IS THE GRAFTER; that all HE is interested in IS money, regardless of what becomes of Chiropractic OR THE CHIROPRACTOR.

The reaction that started against us has finally awakened and is now revolting against infringers. Given time, every level-headed fellow in our ranks will see the future wisdom of restriction around the *Neurocalometer*.

I'll admit that it seems hard to reason wisdom into the average Chiropractor when his mind is centered upon paying a huge sum which he seems to be unable to get to save himself.

HOW EASY TO MISINTERPRET OR MISUNDERSTAND

Between infringers, and what they write to the field; infringers' representatives, and what they send forth; and what the field is writing us, and what we send to the field, I could hardly blame any Chiropractor for being muddled and up in the air to know what to believe. But WHOM to believe ought to be easy.

Now comes a printed letter, printed by a representative of one of the infringers.

We extract only those portions which present some idea that might be confusing unless analyzed:

"It is a well-known fact that all the circuits used for radio receiving, except a crystal circuit, are covered by patents which have been tested in court and are valid, and yet there are thousands who use them who cannot be called to account for infringement because they derive no compensation for same.

"Restaurants and other public places have radio receiving apparatus dispensing music, etc., without charge, and do not pay royalty or suffer suit for infringement, because they make no charge for this radio service.

"The use of an instrument of this type is scarcely a subject of patentability unless you make a specific charge for the use of the instrument and commercialize its use.

"Roentgen gave his great discovery of the X-Ray free to the world, though he might have monopolized it and received millions in royalties.

"Here is an appliance consisting of a commercial galvanometer and a pyrometer which can be sold together at two hundred and fifty dollars. If anyone else wants to sell a machine for five times that amount, with the threat that after August 1st the price will be advanced to twenty-two hundred — then, that is their business."

Mention is made of radio receiving set circuits. There can be little question about the fact that every set made and sold is made and sold by certain "licensed" manufacturers. The most of the advertisements of these manufacturers state plainly that they are "licensed to manufacture under Armstrong Patent No. —," etc. The circuit used is a PROCESS which is patented and is held to be valid.

Broadcasting stations face the same situation. The circuits used are patented and royalties must be paid by every "free lance" who sees fit to make or to use a station made of "independent" parts. Those holding patents have brought suits against these independent stations and have collected same.

It is a well known fact that all, excepting one, broadcasting stations in America are a total loss. That one can collect a fee for broadcasting advertisements, viz.: A.T.&T. Station in New York. All others cannot receive compensation in any way. Notwithstanding they do not operate for profit, and receive none, they must pay a license fee to all patent holders for operating same.

I think it can be conceded that all receiving sets, home-made, or bought parts and used in the average home, receive no fee for doing same, neither are they a profit-maker in any sense. But, the license fee is paid when parts are manufactured, bought and sold locally.

Reference is made to "restaurants and other public places have radio receiving apparatus dispensing music, etc., without charge AND DO NOT PAY ROYALTY OR SUFFER SUIT FOR INFRINGEMENT . . ."

While not directly in point, yet covering the same issue bearing upon royalties and damages for public use for profit, two suits have been but recently settled in Federal Courts.

Broadcasting stations are prohibited from broadcasting COPYRIGHTED music on the ground that such broadcasting was done for profit notwithstanding it was proven that every such station was run at a direct loss and received no compensation in any way. The second suit was settled recently prohibiting "restaurants and other public places" from playing any copyrighted music in restaurants, theatres, etc., regardless of how, because the rendition of such was done for profit even though the proprietors of such places contended to the contrary. Both of these suits were brought by The American Society of Composers and Authors, by injunction, which was made permanent. In both instances they were allowed damages and royalties. It was unquestionably proven that back of the broadcasting station, restaurant, theatre or moving picture house was a business that profited by the use of copyrighted music.

APROPOS

In this article Lewis F. Downs, acting as agent for one "infringement," suggests the possibilities of people buying bootlegging parts, making their own Neurocalometers, and using them, providing they did not charge "a specific fee" for the doing — that this would be legal, safe and sound advice.

Thinking it was in point, Dr. Downs compared the radio situation on knocked-down parts as well as the free use of certain circuits.

Directly in point, answering Dr. Downs, is an Associated Press report of July 26, 1924, which we herewith attach:

**RESTRICT SALE OF HETERODYNE RADIO
SETS TO THE MAKER**

NEW YORK, July 26. — (United News) — Sale of super-heterodyne radio sets and heterodyne sets in a knocked-down condition by any corporation other than patent owners is an infringement of the Fessenden heterodyne patents, according to a ruling made in the United States district court here.

The ruling was made in a test case against two corporations, the Experimenters Information Service, Inc., and Golden-Leutz, Inc. The test suit was brought by the Westinghouse Electric and Manufacturing Company, and the Radio Corporation of America.

We think this will prove that there is no legal value in any statement made by Dr. Downs, on that question.

"The use of an instrument of this type (*neurocalometer*) is scarcely a subject of patentability unless you make a specific charge for the use of the instrument and commercialize its use."

IF that statement is true, then there is no use buying ANY instrument from anybody regardless of who makes it or the price, whether that be \$250.00, \$350.00, \$500.00 or \$1,500.00. IF that statement is true, make one yourself out of bootleg parts. Use it, make no charge, the same as "restaurants and other public places" — use "radio apparatus" — without charge and do not pay royalty or suffer suit for infringement, BECAUSE THEY "MAKE NO CHARGE — for this service."

However, IF *neurocalometer* is used, in a Chiropractor's office, even though its service IS FREE and no "specific" charge be made, the courts see through those evasions notwithstanding it is

home-made, and would argue in rebuttal "IF it is of NO VALUE to you, then turn it over to the plaintiff in this action and he will be satisfied to drop his suit against you." But, if it HAS a value, which the defendant knows only too well, and which we know only too well, and which the Court knows as well, you will pay the royalty, damages and costs of the case. The "SPECIFIC charge" argument does not avoid the material fact that it has a commercial sale, scientific patient-application value and DOES draw business in helping your patients to get well.

All this argument, so far, bears solely upon the use value. The legal fact will still remain that, whether it has ANY value whatsoever to you, or whether it produces a profit to you or not, or whether you make a "specific charge" or not, you are violating certain PROCESSES which ARE now patent-applied-for and which will soon be issued as patents for which USE you will pay royalty, damages and costs of the case brought against every user. It is these PROCESS CLAIMS which the most of the infringers are thoroughly forgetting in this equation.

"Here is an appliance consisting of a commercial galvanometer and a pyrometer which can be sold together AT TWO HUNDRED FIFTY DOLLARS." Why sell it at THAT price, IF it were possible for anybody to throw parts together and use them merely because no "specific" charge was made? Why not go to some electrical store and buy "a commercial galvanometer and a pyrometer" and use them without them even costing that much? WHY NOT? Can it be that this agent of an infringer — that is, an agent to sell an infringer's imitation — is trying to talk HIMSELF OUT OF BUSINESS?

"Roentgen — might have monopolized it and received millions in royalties." How? Why? All that any X-Ray machine is composed of is parts put together that work like any other scientific instrument. How could he have "monopolized it"? WHY could HE collect "millions in royalties"? In like manner Palmer can do the same with the *neurocalometer*. It's purely a question of patents in both instances.

The Chiropractor who sent us the above printed form letter, also wrote a personal letter in which he quotes certain portions from the direct letter he received from this agent, from which we extract certain portions that have also a direct bearing on this issue.

"Dr. _____ himself is not broadcasting HIS machine to everybody . . ."

Let us read exactly what this infringer DOES say in his letter to the field:

". . . with NO entangling conditions WHATSOEVER attached to the purchase of same."

In a form letter put out by this agent, himself, recently, he said:

"Two hundred and fifty dollars WITH NO ENTANGLING CONDITIONS .WHATSOEVER ATTACHED TO THE PURCHASE OF SAME."

Both letters containing this: "First come, first served."

Does English say what it means? Does language mean what it says? What do YOU say?

Has ANYBODY seen ANYTHING in ANY literature from ANY infringer which makes ANY statement or statements saying to whom ONLY they WOULD SELL, or to whom HE WOULD NOT sell? Has ANY literature spoken of ANY restrictions? If so, who and what? I will present one *Neurocalometer* to anybody who shows and proves his case that any infringer to date has set ANY restrictions whatsoever!

"According to your contract you must charge ten dollars for the first check unless it is charity. The other fellow that buys a competitive machine at a much less price will give this service and charge for his adjustments accordingly. See the point in the competition?"

I am frank to say that I cannot see the "point in the competition" because I can see no difference in patent law whether a man uses a *neurocalometer* or an infringement and makes a "SPECIFIC" charge of \$10.00 or charges \$20.00 for his first week's adjustments when before they were \$10.00; or, gives a *neurocalometer* service FREE the use of which has an added value to the service he is rendering and helps him to build his business either with better results on the same number of patients, or, because of better results establishes a basis for more patients — it HAS a value and that is all we need to establish to prove our case. Courts get TO FACTS and overlook the shallow alibis of shallow men who think shallow arguments to evade patent-applied-for rights.

"I cannot get the idea of his first statement as to control a thing you must surely have to have it with strings attached. In his second paragraph the statement is correct providing you cannot stop the sale and use of the competitive instruments. In that case it would be H—— and would put both yourself and the lessee in one fine fix. Hoping you are seeing miles ahead and that you have left nothing unturned that would throw the whole deal in a big muddle."

I quite agree with you that there **MUST** be restrictions and under patents-applied-for there will be; and just as soon as those patents are allowed there will be **RESTRICTIONS INSTANTLY APPLIED TO ALL INFRINGERS**, whether manufacturers, sellers or users; whether home-made, kitchen-made or hooch-made.

I am quite convinced that we **ARE** seeing miles ahead of anybody who is trying to beat the patents-applied-for situation. At least, I am not kidding myself as are so many who have alibied themselves into this present rebuilding-of-Chiropractic problem.

Every little once in a while we burst into some local patent attorney who thinks he sees a beautiful loop-hole and so advises his client. But there is more to this issue than appears on the surface and time will prove it all thoroughly. We here are content to bide time to win the long-winded race.

It must be interesting to sit on the sidelines as you are and watch both sides work. I often wish I were a side-liner rather than the horse or the jockey.

KEEPING THE PATENT-LEGAL SITUATION STRAIGHT

I can quite understand the mind of the average Chiropractor when it comes to trying to understand this *Neurocalometer*, and its infringements, problem. You may know that it is mixed up in law and you hear one lawyer, then another, quoted; you read what one infringer sends out, then another; and then comes B.J.P. back with something else, and finally you wonder who is right and what is the thing to do.

LET ME SAY HERE AND NOW WHAT I HAVE BEEN SAYING FROM THE BEGINNING—IF YOU ARE IN DOUBT, "DON'T KNOW WHAT TO DO," DO NOTHING

UNTIL THE ISSUE IS SETTLED IN COURT. During those rush days of June and July, I answered telegrams and letters "refusing to be rushed into any purchase" to all of which I ANSWERED TO DO NOTHING UNTIL THEY WERE SATISFIED THAT WHAT THEY DID WAS THE RIGHT THING.

If you think our price high — WAIT!

If you don't know whether to buy the *Neurocalometer* or an infringement — WAIT!

If you don't know who is right in this legal tangle — WAIT!

If you can't afford to lose money, or throw it away on that which you can't keep — WAIT!

If you don't know where to place your confidence — WAIT!

If you want a *Neurocalometer* and don't like to pay the present price — WAIT!

If there is ANY DOUBT WHATSOEVER — WAIT!

Meanwhile, to those who can think, we shall outline and analyze the present balls of yarn and give you the facts.

We have not purposely or intentionally misstated one legal fact. We do not want anybody else to do so. Neither do we want others to imply or implicate or infer that WE have.

Therefore, this article is exclusively for the purpose of KEEPING THE PATENT-LEGAL SITUATION RECORD STRAIGHT.

WHAT WE HAVE SAID, PRINTED AND SENT FORTH BEARING ON THE LEGAL SITUATION

1st. In our "Special Information on the *Neurocalometer*" under date of June 21, 1924, we said:

"The instrument, or the *Neurocalometer*, is not sold. It is made exclusively by The Palmer School of Chiropractic under exclusive license granted by the inventor, D. D. Evins, a graduate of The P.S.C. The instrument will be thoroughly protected. Patents have been applied for and are pending, and will no doubt soon be issued. Its use and the method or process of the technique will be thoroughly protected also."

2nd. In our booklet, "Why Did B.J.P. . . .?" mailed under date of July 9th, we published three references to the legal situation.

3rd. In our red-ink printed circular, mailed to our profession, on July 17th, we republished all of the references in No. 2, with additional footnotes which we reprint here:

"Ask all infringers to prove their rights to sell, under patents applied for. Right then they bluff and stall.

"What do WE say about OUR patent claims? What do they say about their own? THINK!

"Insist on protection from the infringement evader.

"DEMAND protection! You will need it.

"When others refuse or fail to protect you, YOU pay the bills.

"You MUST protect yourself. Others will bluff."

In No. 1 we say:

"The instrument WILL BE thoroughly protected."

"Patents HAVE BEEN APPLIED FOR and ARE PENDING, and will no doubt soon be issued."

In No. 2 we say:

"That infringement suits WILL BE started is obvious."

"These suits WILL BE carried through against every buyer as well as seller."

In No. 3 we say:

". . . the use of which constitutes a violation of the process or methods, PATENT-APPLIED-FOR, of the *Neurocalometer*, WILL BE enjoined . . ."

In No. 4 we say:

"In order to avoid any possible misunderstanding — The Palmer School of Chiropractic WILL insist upon its full rights . . ."

SETTING OURSELVES RIGHT

We have understood, and so understand it now, that patents-applied-for give the party applying for patents no rights merely because he has applied FOR RIGHTS which have not as yet been granted.

During the time his claims are being applied for, he cannot get injunctions, start suits or do aught to any infringer.

Infringers are at perfect freedom to go ahead, demonstrate, make and sell.

Chiropractors have a right to buy, use and collect a fee for what they do.

BUT, it is also clear in our minds that *any person* who manufactures, offers for sale, sells, demonstrates and collects fees for an article which later proves to be an infringement upon that which IS NOW a patent-applied-for right, but which LATER proves to constitute A PATENT RIGHT, is liable to injunctions, suits, trials in which royalties, damages and costs of the case can be collected by the patentee whose rights HAVE BEEN injured.

AND, it is also clear in our minds that *any person* who buys, uses in his practice and collects fees for an article which later proves to be an infringement upon that which IS NOW a patent-applied-for right, but which LATER proves to constitute a PATENT RIGHT, is liable to injunction, suits and trials, in which royalties, damages and costs of the case can be collected by the patentee whose rights HAVE BEEN injured.

AND, it is further clear in our minds that any person who does anything, with any kind of an infringing instrument, which later proves to be a violation of our PROCESS RIGHTS PATENT-APPLIED-FOR, which becomes a PROCESS RIGHTS PATENT, is truly liable for royalties, damages and costs of the trials and can be collected with the same certainty WHETHER A FEE BE COLLECTED FOR HIS SERVICE OR NOT, the fee not constituting a necessary allegation of the violation of the process patents.

THAT THE PATENTS HAVE NOT BEEN ISSUED, DOES NOT RELIEVE ANY PERSON WHO INFRINGES WHEN THEY ARE BUT PATENT-APPLIED-FOR, DOES NOT RELIEVE HIM OF THE RESPONSIBILITY OF THAT WHICH HE DOES TODAY WHEN THE PATENTS ARE ISSUED TOMORROW.

TIME IS AN ELEMENT OF ALL INFRINGEMENTS. That man is not an infringer who makes under patents-applied-for; but that same man who made under patents-applied-for BECOMES AN INFRINGER WHEN THE PATENTS ARE ISSUED, even for everything made under patents-applied-for.

In substantiation of this last statement, please note this letter issued by Attorneys Bush & Bush as applicable to J. W. Healey:

"Davenport, Iowa, July 2, 1924.

"Mr. J. W. Healey, 529 Brady St., Davenport, Iowa.

Dear Sir: In your letter dated July 1, 1924, on your letterhead as follows:

"J. W. HEALEY X-RAY COMPANY

Representing

Wm. Meyer X-Ray Company,
Davenport, Iowa."

addressed to 'Dear B.J.P.,' we find the following —

"'It may be of some interest to you to know that we intend placing a heat indicating instrument on the market immediately.'

"We consider it our duty to inform you that we now have pending in the patent office at Washington, applications broadly covering our apparatus and our process. These applications will shortly issue as patents and we wish to give you formal warning that if you proceed to use our process or to manufacture or to have manufactured, or sell or use apparatus for carrying out our process, we will proceed against you, as soon as our patents issue, and will obtain an injunction restraining you from infringing and an accounting of the profits to you and of damages to us as a result of your infringing acts.

"Further than this, as soon as our patents issue, we shall bring actions against purchasers from you to enjoin them from using infringing devices bought from you.

"We would like to have your assurance that you will respect our rights, and feel certain that you will be more than willing, upon being apprised of our position, to refrain from an infringement which can only cause trouble and expense to yourselves.

"Respectfully,

"D. D. Evins,

"The Palmer School of Chiropractic,

"By Bush & Bush, Attorneys."

WE are aware that WE cannot take any legal action against ANY infringer, who sells, or any infringer who buys, until such time as our patents ARE issued. We have never contended to the contrary.

WE are aware that ALL infringers are TRYING to make it appear that everything THEY do by way of manufacturing and selling, or that buyers do by way of buying and selling, is without legal redress NOW MERELY BECAUSE THE PATENTS ARE APPLIED FOR. They are beclouding the legal facts by

emphasizing that WE can do nothing UNTIL THE PATENTS ARE ISSUED. They are totally ignoring ANY reference to what WE CAN LEGALLY DO, when the patents ARE issued, to those parties WHO HAVE BEEN ACTIVELY BUSY DURING THE PATENTS-APPLIED-FOR period of time.

In substantiation of this latter fact, let us quote from some of these printed statements of infringers:

Lewis F. Downs, acting as an agent for J. W. Healey, says in a printed form letter, under no date, but mailed about July 15th:

"No protection will be necessary. Nobody can bring suit for patent infringements UNLESS A PATENT IS GRANTED —"

Warren S. Orton, acting as counsellor for a certain infringer in the East, whose identity he does not reveal, said in a letter to us of July 14, 1924:

(We reprint the entire letter for the purpose of showing that this counsel purposely has avoided ANY reference to what legal action we WILL TAKE upon all of his infringements made during the period of time when they were manufacturing AND SELLING, while our patents were applied for.)

"New York, July 14, 1924.

"The Palmer School of Chiropractic,
"Davenport, Iowa, U.S.A.

"Gentlemen: One of my clients is about to put on the market a thermo-electric device designed to differentiate the temperature conditions at different points of the human body. I have before me a circular relating to your neurocalometers, on the front of the inside page of which and under the caption of 'BUYERS BEWARE!' is a threat against any person who might use a neurocalometer or 'any other instrument' in violation of certain processes or methods.

"My client is taking the position that he does not desire to be put in the position of infringing any valid patent and has appealed to me to make a search in the Patent Office for any patents which might be infringed by the use of his device. I have made such a search and do not find any patents in point. I am therefore about to advise my client that he is free of infringement, but before making this report I am extending to you the opportunity to supply me with the numbers of any patents which you claim would be infringed by the marketing of a device of the type described.

"I note in your circular you make reference to 'Patent Applied For' but I am sure your attorneys will advise you that you cannot enjoin users of an article unless you are in possession of a patent on the article.

"If, as a matter of fact, you are not in a position to bring suit, then my client will contend that your advertising is unfair competition. The natural, obvious and intended effect of such advertisement is to intimidate purchasers and this is a practice which your attorneys will advise you is not sanctioned by the Courts. If you are putting this advertisement out in good faith, then I must ask you to advise me of any patents which might be infringed by my client, even if they should duplicate your instrument.

"Very truly yours,
"WARREN S. ORTON."

Brown, Boettcher and Deininger, acting as counsellors for a certain infringer in the Middle West, make the same argument in the forepart of the letter and refer directly to the issue in point in the latter part of the letter to the patent-applied-for situation and "WHAT THESE APPLICATIONS COVER,—SO THAT OUR CLIENT MAY NOT ENTER ON A COURSE OF INFRINGEMENT IF YOU HAVE A MONOPOLY IN THE MATTER." While not specific, it practically admits our rights on this specific question.

"Chicago, July 19, 1924.

"The Palmer School of Chiropractic,
"Davenport, Iowa.

"Gentlemen: One of our clients has been approached with the request to manufacture a thermocouple and galvanometer for diagnosing abnormal conditions along the spinal column, such instrument to be substantially like the device which, we understand, you are using and selling.

"Our client does not wish to enter into the manufacture of an infringing article, and would like to be advised whether you have any issued patents covering the same, and, if so, will you please advise us their numbers and what they cover?

"Our client advises us that your literature states that you have applications for patents pending, and we would like to be informed what these applications cover, if they are still in the application stage, so that our client may not enter on a course of infringement if you have a monopoly in the matter.

"Yours very truly,
"Brown, Boettcher, Deininger."

By this time, it is clear to our readers that there are two issues to be placed before the Chiropractors.

1st. Our argument. Any acts now which constitute the making, selling or using of any instrument which is and does constitute an infringement upon these claims which are now in patents-applied-for, which will constitute an infringement when patents are allowed, constitutes a ground for action by us then, upon what is being done now.

The court records upon THIS issue are clear, voluminous and very positive; and, we shall take advantage of same as soon as those patents-applied-for become patents.

2nd. The infringers' argument. The patents are NOT allowed. Anything done NOW in the way of manufacturing, selling or using cannot be reached or touched, legally, BECAUSE THERE ARE NO PATENTS ALLOWED.

They ignore all references to WHAT WILL OCCUR on WHAT HAS BEEN DONE. In this respect their literature is silent.

Let us substantiate this position by quoting from two printed communications which have been placed before the Chiropractic profession.

1st. "Special Advance Information on the Neurothermometer."

"1. At this writing, no one positively possesses A PATENT of any kind on the *Neurocalometer*."

(That statement is true. He does NOT say, by inverse ratio, that WE HAVE patents-applied-for.)

"5. Up to the day a patent is actually granted, if one is ever granted, no one has the right to claim patent infringement."

(That statement is true. But WE possess the right to inform the public that we have patents-applied-for pending, that when they *are* allowed, we shall *react backward* upon all those who have seen fit to ignore the same and violate them by infringing, as such infringement will be so LEGALLY CONSTRUED THEN. On this point they also remain silent.)

"6. Up to the day A PATENT IS GRANTED, if one is granted, no one has legal grounds or opportunity to bring suit for infringement against anyone. Therefore, all the threats that have been made are entirely premature."

(This is a true statement of fact. That we have patents-applied-for does not give us rights to bring suit, NOR HAVE WE BROUGHT ANY FOR THAT REASON. Any statements made by us have been "premature" ONLY AS A WARNING TO SAFEGUARD THE PUBLIC AGAINST THAT WHICH WE CAN DO WHEN THEY ARE ALLOWED — A point which is totally ignored in their communication.)

"7. If and when a patent, not the patent, is granted, if it should be proved that there is any infringement, even then, no suit can be brought against any one for any transaction that occurred BEFORE THE DAY OF THE PATENT ALLOWANCE. In other words, the U. S. Patent Law does not permit of retroactive action."

(This statement is entirely contrary to all patent-law and patent history. This statement will lead many innocent ones into legal trouble; and, as we have said above and repeat it here for purposes of emphasis, IF YOU HAVE ANY DOUBT ON THIS QUESTION, CONTINUE YOUR PRACTICE AS IT IS NOW UNTIL THE PATENTS ARE ISSUED.

(Although entirely aside from the issue, but to show the value of a person's judgment, please note the two contradictory statements which we now quote from the same circular.)

"8. The U. S. Patent Office does NOT AND NEVER WILL GRANT the right to a patent on a function, mode of operation or a result."

In this same sheet, we find:

"Patents ARE BEING APPLIED FOR AND THE METHOD AND PROCESS OF TECHNIQUE WILL ALSO BE THOROUGHLY PROTECTED."

How can they if such is "never" allowed?

2nd. Perhaps more apropos and to the point of this entire article is a circular issued by The J. W. Healey Company, without date, recently issued. We reprint it in its entirety for purpose of complete clarification:

Illinois Manufacturers' Association

"Opinion of Mr. Colin C. H. Fyffe, General Counsel, as to the Rights of a Company Where It Has Applied for a Patent on an Article and Others Are Manufacturing It:

No. 3020.

"Chicago, April 17, 1924.

"Mr. John M. Glenn, Secretary,
"Fort Dearborn Bank Building, Chicago, Illinois.

"Dear Sir: I have received your letter of March 31, 1924, enclosing a copy of a letter received by you from W. H. Salisbury & Company, stating that the Company has applied for a patent on a device. It is now manufacturing and selling this device marked 'patent applied for.' I am asked what legal action it can take against parties manufacturing and selling the device during the time the patent is being applied for.

"In *Gayler v. Wilder*, 10 How. 476 at 492, the Supreme Court of the United States said:

"The inventor of a new and useful improvement certainly has no exclusive right to it until he obtains a patent. This right is granted by the patent, and no suit can be maintained by the inventor against anyone for using it before the patent is issued."

"In *Standard Scale & Foundry Co. v. McDonald*, 127 Fed. 709, the Circuit Court of the Western District of Missouri held that an applicant for a patent while his application is pending in the patent office has no exclusive right to the invention which will sustain a suit in equity by him to enjoin another from using the same.

"The inventor of an article has no remedy under the patent law against persons manufacturing the article before the patent is issued. At common law an inventor has an exclusive property in his invention until by publication it becomes the property of the general public. W. H. Salisbury & Company by manufacturing and selling this article before the patent is issued have made it the property of the public until a patent is issued for it.

"Yours very truly,

"Colin C. H. Fyffe, General Counsel."

"Dear Doctor: The interpretation of the preceding article substantiates our attorney's statement that if an order is placed for a Neuropyrometer and the instrument delivered before a patent is granted The PSC, it will exempt the buyer from being enjoined from use of same for it is Public Property until a patent is issued.

"Do not permit the 'Buyers Beware' statement which is being published by The PSC to distract your attention from the fact that: First, it must be proven that all competitive instruments are infringements. Second, there can be no infringement until a valid patent has been issued. Third, it would be equally fair for the buyer of a Neurocalometer to demand a guarantee backed by a substantial bond from B.J.P. that he will absolutely block, stop and suppress all competitive manufacturers for a period of ten years. The guarantee should state that failure to do this will release the buyer of any and all future obligations and all money paid in will be returned to the purchaser. The foregoing information should make you stop and reflect, after which your mind will be cleared of many of the present hazy, mountainous possibilities.

"To date we have not been informed by our attorney that any patent has been issued to The PSC upon the Neurocalometer, and even if a patent is granted, this does not necessarily stop other manufacturers bringing out an equally efficient instrument.

"Yours Chiropractically,
"J. W. HEALEY COMPANY."

In the case of Gayler v. Wilder, cited, note:

"The inventor of a new and useful improvement certainly has no exclusive right to it UNTIL HE OBTAINS A PATENT. THIS right IS granted BY THE PATENT, and no suit can be maintained by the inventor against anyone for using it BEFORE THE PATENT IS ISSUED."

Nowhere in this citation does this circular say WHAT CAN BE DONE BY THE INVENTOR AGAINST INFRINGERS DURING THE PATENT-APPLIED-FOR period, AFTER THE PATENTS ARE ISSUED. Note how that phase of this all-important issue is COMPLETELY ignored and UPON THAT HINGES THE ISSUES AND TROUBLE TO COME.

In the next case cited (Standard Scale, etc.):

". . . that an applicant FOR A PATENT while his application IS PENDING in the patent office HAS NO EXCLUSIVE RIGHT to the invention which will sustain a suit in equity by him to enjoin another from using the same."

But again they ignore what the inventor CAN DO AFTER THE PATENTS HAVE BEEN ISSUED AGAINST THOSE WHO INFRINGED UPON IT WHILE HIS PATENTS WERE PENDING.

"The inventor of an article has no remedy under the patent law against persons manufacturing the article BEFORE THE PATENT IS ISSUED."

But again they ignore what rights the patent law gives to the inventor "against persons manufacturing the article" AFTER "the patent IS issued."

"W. H. Salisbury & Company by manufacturing and selling this article before the patent is issued have made it the property of the public UNTIL A PATENT IS ISSUED FOR IT."

But again they ignore the issue that it is private property AFTER THE PATENTS ARE ISSUED and that the private vested rights back up to cover a time previous to the date of issuance upon all infringements manufactured, sold and used PREVIOUS TO THE DATE OF ISSUANCE. That point has been totally ignored in ALL these quotations or statements.

"The interpretation of the preceding article substantiates our attorney's statement that if an order be placed for a Neuropyrometer and the instrument delivered BEFORE a patent is granted The PSC, it will exempt the buyer from being enjoined from use of same, for it is Public Property UNTIL A PATENT IS ISSUED."

But, again they purposely ignore stating that, while "public property" — "Until a patent is issued," that AFTER THE PATENT IS ISSUED, THAT WHICH WAS "PUBLIC PROPERTY" THEN BECOMES PRIVATE PROPERTY AND IS RECOVERABLE BY DUE PROCESS OF LAW.

Now please note as a clincher that both of these interested parties, while they deny that such a patent CAN BE secured, are not so certain about it but what they safeguard themselves in the following quoted statements:

"IF an infringement SHOULD develop, we will promptly put our engineering experts on the job to remove such infringement. We have the assurance that this can be done."

And the other one says:

". . . and even if a patent is granted this does not necessarily stop other manufacturers bringing out an equally efficient instrument."

However, the reliability of those statements will depend upon how broad and extensive the Evins patent situation is, as allowed by the Patent Office on the *Neurocalometer*, the nature, length, breadth and depth of which nobody knows, outside of those in the know.

Law Office of
PARKER & CARTER
1410 Marquette Building

Chicago, July 24, 1924.

Mr. Dossa D. Evins,
1002 Brady Street,
Davenport, Iowa.

Subject: Patent Infringement

Dear Sir: While it is a fact that until a patent is issued no infringement can take place, it is equally true that a device made quite legally before the patent is issued, nevertheless if it infringes the patent, becomes an infringement as soon as it is issued and the man who has bought such a device can be enjoined from using it by the patentee after the patent is issued. The fact that he could not be enjoined and that suit could not be brought before the issuance of the patent does not save him at all after the patent has issued.

Very truly yours,

PARKER & CARTER,
(Signed) By Francis W. Parker, Jr.

And, again, we state that if you have any doubt on this issue, SIT TIGHT AND WAIT. DON'T BUY IF IN DOUBT. If we are right in our position, time will prove it even though you are compelled to pay the difference in cost for the satisfaction of waiting. If we are wrong in our position, you will find it out by waiting and then you can buy any infringement you desire — IF we are wrong.

TIME will tell who is right or wrong, as it always has done in things Chiropractic.

We are content to let time tell its own story.

We believe some of you are!

We are!

IS IT SO SIMPLE, AFTER ALL?

We wish to comment on a certain letter, only so far as it goes to the root of a scientific issue.

"The technique in connection with our instrument is extremely simple."

It matters not what instrument, or how made, the facts as regards the human spine, subluxations, pressures, interferences, adjustments and reductions of those pressures, restrictions of transmission, all remain the same. It took all of us here at The PSC, who were interested, some fourteen months to work out this "simple" technique. And while it is "simple" in the sense that it is not complicated, the fact still remains that every person who uses a *Neurocalometer* MUST have been taught its correct use before we will deliver to him.

This technique can be right or wrong, good or bad, help or hurt his patient. Here is an instrument of exact precision if done right, but a dangerous instrument in the hands of any person who does not know how to use it, or uses it wrongly, or begins right and gradually slips until it is accomplishing the very opposite of what it is capable of doing.

Let us, then, study the two methods of delivering same.

The PSC will NOT deliver ANY *Neurocalometer* to ANY lessee until such time as he has had a course in technique, which course covers a period of two days — morning, afternoon and

evening — with actual contact with a *Neurocalometer* and patient. In this he is taught WHAT TO DO to accomplish the tremendous potential values it possesses; and what NOT to do that would produce the very opposite, or cause injury.

Others approach you with the sales-outright plan, ship by express, now you have it go ahead and use it idea. Under such a condition I say to you frankly and with all candor, any such person is dangerous and the instrument (whatever its name) will produce more BAD results than good. It were far better that one continue under his OLDER SYSTEM without an instrument than to attempt to use an instrument without proper and competent technique being taught him.

This is but ANOTHER example of the difference in intents and purposes of the two organizations — and, of course, it all shows up in the difference in cost.

SHALL WE REDUCE THE PRICE?

The first answer to this question will be "yes," because every man first applies the question to the way it will affect HIM. Finding that HE can save money, he answers accordingly. He applies that answer to the time element, which means "I save money TODAY."

But, what about TOMORROW? That is involved also.

I am perfectly willing to reduce the price of the *Neurocalometer* by removing all restrictions, by selling to everybody, providing (and get these well fixed in mind):

First — No matter what happens TOMORROW, there is no comeback on me; no reaction from the Chiropractor on me based on the reaction that the public has on the Chiropractor.

Second — That I sell to everybody else FIRST, in your town, and sell to the Chiropractor LAST.

In other words, I want to place anywhere from 200 to 5,000 *Neurocalometers* in your town, selling to M.D.'s, osteopaths, mixers, barbers, and in fact to anybody who has the money. Those people are going to pick the pressures, give adjustments, and get sick people well. As a result of THEIR work, there is going to be a destructive reaction AGAINST YOU. But, YOU have got your *Neurocalometer* cheaper, and isn't that what YOU wanted?

If the Chiropractic profession wants *Neurocalometers* CHEAPER I will sell them that way, but with it go all the evils that are contingent upon such a selling plan. It would mean the elimination of Chiropractic as a universal health method and the abolition of the Chiropractor as a profession, and the building up of a home-health service, with the head of every home as his own Chiropractor — with YOU fading out of the scene.

If you are willing to pay THAT price TOMORROW to get your *Neurocalometer* cheaper TODAY, then I am willing to do business that way.

Is THAT what you want?

WE SHALL HELP YOU

In our tours around the country demonstrating, we find hundreds of Chiropractors who cannot adjust cervical vertebral subluxations sufficiently efficient to reduce pressures and restore transmissions. As we find many cord pressures here which vitally involve many other points below, it has become an important issue.

The *Neurocalometer* and its technique is merely an instrument and how to use it. But, as is true of golf, there is a follow thru that must go with it, viz.: Palpation and adjustment. What good is a *Neurocalometer* TO FIND the pressure and interference to transmission IF, after finding it, you can't release it?

Our profession has been slipping for years into cervical moves — TM's, rotaries, breaks, etc. — all because they are easier and other alibies we have been offering ourselves. It is now being unquestionably proven by the *Neurocalometer*, that these moves DO NOT release pressures and restore transmissions. It has become imperative that our profession CHECK, AND CHECK HARD.

In our classes in *Neurocalometer* technique, when we find anybody who cannot give a competent and qualified adjustment, a la recoil new posture, we shall refuse to lease him a *Neurocalometer*. BUT — and here's the worthwhile issue — we shall hold him over until that class is finished and give extra and separate instruction IN HOW, and drill him until he gets the fundamental. When he can deliver, he will get his *Neurocalometer*.

There will be no extra charge for this. Just a part of our NEUROCALOMETER SERVICE which is an item of overhead which we knew we would have to carry (knowing our profession as well as we do), therefore figured it all in on first price.

Fountain Head News of August 9, 1924, said:

DANGEROUS TO SOCIETY

Let me suggest that you regard the following article as though there were no possible way to prevent what I am going to recite. Suppose that any man could do just what is being done, and then regard it as one of the possible dangers to the sick. And when you have that thoroughly fastened in your minds, you will see one of the reasons why I am anxious to protect the sick against those who would set at naught their rights to be protected, and, again, you will better understand what I mean when I say, "The Chiropractic group mind cannot be trusted to preserve Chiropractic in its purity for posterity."

In olden days (not very far back, as time goes) we had "cord pressures" in about 3 per cent to 5 per cent of the cases. In modern days (since the *Neurocalometer*) this jumps up to approximately 40 per cent to 50 per cent.

In olden days we "guessed" at what we thought such was. Now we KNOW which is which, and which are not.

Let us take a concrete case, and this is but one of hundreds in our files:

The *Neurocalometer* found pressures upon nerves at:

4th Cervical, Right Side
2nd Dorsal, Left Side
6th Dorsal, Left Side
9th Dorsal, Right Side
12th Dorsal, Right Side
4th Lumbar, Left Side

and the case had troubles that could have their apparent origins from each of these as a local spinal nerve pressure, if we use the language and thoughts of yesterday.

The 4th cervical was adjusted. That right side pressure was reduced to zero. The *Neurocalometer* was then used to see what

the readings were at ALL of the other places listed. The 6th dorsal, 4th lumbar and 9th dorsal all checked to zero without other adjustments being given at any other place.

The 2nd dorsal was adjusted. The left side pressure was reduced to zero. We then checked the only other remaining one, the 12th dorsal, and it was reduced to zero.

This case proved TWO cord pressures in the same case at the same time.

All that were EVER adjusted were the 4th cervical and the 2nd dorsal, and the case got well of EVERYTHING she had at ALL of the places where it might have been construed (and would have been construed) that there were local spinal nerve pressures.

The inevitable conclusion is that although the place had six indicated places of pressure, only TWO PLACES were causing the six. The other four were caused by the two. The further conclusion is established that there WERE NO SPINAL NERVE PRESSURES at the other four places. We are forced, then, to see that IF ADJUSTMENTS HAD BEEN GIVEN AT THE OTHER FOUR, WE WOULD HAVE PRODUCED SUBLUXATIONS, PRESSURES AND INTERFERENCES IN FOUR PLACES WHERE THERE WERE NONE.

Along comes one infringer. His infringing machine cannot correctly read the places of pressure, nor can he correctly check them to zero after an adjustment. But having printed circulars stating that his instrument was "second to none on the market," he is compelled to make a stab to try and prove his assertions.

Here is the manner in which he alibies his failures. He picks as many places in the spine as his incompetent machine will artificially establish. Then he adjusts ALL OF THEM AT ONE AND THE SAME TIME—the old, shotgun idea. Then he attempts to alibi the checking-out system to satisfy the lookers-on.

What's the result? He says, "Majors and minors and the spinal cord pressure idea are all the bunk." If that sort of technique were to be used on cases, working with this very crude infringement, there can be no question but what MORE DANGER EXISTS IN ITS USE THIS WAY than under the older system WITHOUT a *Neurocalometer*.

If it be true that proper, competent and qualified *Neurocalometer* technique has been able to prove that cord pressures are now relatively frequent, up to 40 per cent to 50 per cent, then we are rendering a far greater service to the public to profit by such evidence by refusing to adjust those places where in previous days we thought we had a local spinal nerve pressure which now proves itself to be cord pressure. On this particular type of case alone we step up our efficiency by 40 per cent to 50 per cent, and who knows how much more than that, by refusing to adjust those places *where there were no local spinal pressures*, but which we would create, believing them to be local subluxations with local pressures.

If that be true, then how dangerous is any man who goes on adjusting *all* local pressures, believing them to be local pressures, just for the sake of trying to deny something somebody else has said, permitting his prejudices and anger and jealousies to dictate his judgment in the rendering of instruction to the profession on how to render service to the sick. That man would primarily adjust many "subluxations" which were not. How can we estimate the damage HE would do in creating subluxations, pressures and interferences in all the places that he would cover, when they should be let alone? An infringement in HIS hands becomes a weapon of life and death, more terrifying than a loaded gun, for with it he pleads science and teaches professional murderers to perform their deeds in the open daylight.

Any man who starts out on a system of revenge and builds his organization to accomplish such an end, would ultimately do humanity serious damage which would reflect backward upon Chiropractic worse than any of our present acts have done.

Thank goodness, there is a recourse in patent law to prevent all of this from going on — as soon as the patents are allowed.

THE HOTBOX INDICATOR

For months the field has been circularized with printed letters telling about the "Hotbox Indicator," and what it is and will do.

They have repeatedly stated that there are "over 500 in use today." They will sell "the first thousand at practically cost."

For months this office has been endeavoring to get one. We wanted to see it. At last we have one.

In our travels we have asked many if they had ordered. We have run across many who have ordered, but have run into only two people who have received. One was in Indiana, and this one we have.

They have been selling them for months, get your money and make no deliveries. We have had inquiries about the reliability of the firm and their product.

Finally, to force a showdown, we advised one person to threaten suit for fraud in the use of the mails if they did not deliver at once, after she had written several times and her money had been in for months. That letter brought results. WE now have THAT "hotbox indicator."

The circular letter says:

"What would you give to convince your patients of the seriousness of their condition?

"Added to this, what is it worth to you, to be sure that you have picked the right majors?

"The Hotbox Indicator will do all this for you. It is a very sensitive barometer-like instrument, that when placed on the patient's back, just aside of the spine, where the nerves leave the foramina, it registers the heat generated. You can show the patient just where his trouble lies.

"The spinograph checks your palpation and the Hotbox Indicator checks your majors."

What is this hotbox indicator?

It is an ordinary Taylor-made clinical thermometer with the exception that the bulb end is flattened out to about the size of a diameter of a large lead pencil.

Does it do any of the things their printed letter indicates? No!

Will it do MORE than they advertise? Yes! Too well! All you do is to exert a trifling pressure upon the bulb end, flat surface, and it will shoot the mercury up to anything you want, even to the very top. Pressure on the patient's back will give you any inaccurate reading you want.

It is called a "HOTbox indicator." You can let it rest on any COLD substance and by exerting the slightest pressure it will rush to the top of the tube instantly, pronto. A tip of a pencil pressure will do the same.

When very slight pressures will rush the mercury to the top of the tube, it has little value in the hands of the average Chiropractor. When pressure of cold substances upon the bulb will rush the mercury to 111 at the top of the tube, it has little value in determining "hotboxes" of the spine of human beings who are sick. When pressure becomes the determining causative factor of the readings attained, then heat and cold have lost their values, and therefore could determine very little by registering pressures upon nerves or interferences with transmissions.

We feel sorry for The Hotbox Indicator Co., who rushed into print with statements that are not being substantiated by the instrument. We feel sorry that they have taken so many orders and are holding them months with few deliveries. We feel sorry that they hesitate to deliver because of the inability of their instrument to live up to their declarations in advertising. We feel sorry that they now don't know what to do with the money they have received, and hesitate to deliver. They surely are in a dilemma. It is another one of those issues where Chiropractors are being jipped with good money for bad products.

You who have orders in will do well to GET YOURS. Perhaps a stiff letter will do it.

You paid little, and it is worth little. You get just what you pay for. Isn't it true?

You can't get something for nothing!

THE NEUROCALOMETER SPEAKS THE TRUTH

Whatever you do, the *Neurocalometer* will prove or disprove its value.

If you give an "adjustment," and it doesn't remove the pressure and restore transmission — the *Neurocalometer* will speak right up and out loud in meetin' and tell you so.

If you do give an *adjustment* and the *Neurocalometer* proves a zero reading, then it also speaks with a smile.

In demonstrations such as we have given in a few places, it has been a wonderful check on many Chiropractors who were

otherwise self-satisfied. In *Neurocalometer* technique instruction given here to classes, it has been a wonderful means of proving up those Chiropractors who can and those who cannot adjust.

As one good, sincere Chiropractor recently said: "Supposing I come to Lyceum to take my *Neurocalometer* technique, and the *Neurocalometer* should prove that I could not adjust so as to release pressures, would I get my *Neurocalometer* anyhow?" The answer is "NO!"

In developing the technique necessary to the proper use of the *Neurocalometer* we have found many things of great value to the practitioner in the field. A new way of arriving at the absolute majors and the importance of cord pressure in problem cases have been worked out so that any Chiropractor can learn in the course of *Neurocalometer* technique how to positively solve these problems in every case.

Among other things of startling simplicity and unmeasurable value are some NEW IDEAS IN ADJUSTING. We have made ordinary adjustors who were unable to reduce pressures at first into highly efficient adjustors during the course of *Neurocalometer* technique. In other words, we have found that the mere moving of bones does not reduce pressures, but with a little explanation and a few trials the Chiropractor is transformed almost immediately into a most efficient adjustor. All of this is a part of the *Neurocalometer* service, and is taught along with the technique of the *Neurocalometer*.

Many practitioners would gladly give the lease price of the *Neurocalometer* just for the instruction they get in the philosophy, art, and technique of Chiropractic.

BUT, if everything else is O. K., and, for other reasons you ARE entitled to one, we shall take pleasure in having you stay here until we can give you special instruction in HOW TO ADJUST SO AS TO RELEASE PRESSURES UPON NERVES AND RESTORE TRANSMISSIONS until the *Neurocalometer* speaks with a smile upon YOUR work.

And, we'll charge that up to NEUROCALOMETER SERVICE. No extra charge, thank you!

The P.S.C. is taking a great pleasure in realizing, as of the date of this writing, that over 300 Chiropractors now have taken their technique courses, and over 300 Chiropractors are BETTER Chiropractors for what the *Neurocalometer* has done for them.

NEUROCALOMETER CLUBS

Neurocalometer users are forming *Neurocalometer* Clubs for purposes of assisting each other in technique and better serving the community and the sick. It's a wonderful spirit. More than likely at the Lyceum in 1925 we shall form a National Club, the same as the spinographers have their National Spino-graphic Society.

The Chiropractors in Newark, Washington, Chicago, Milwaukee, New York, etc., have been encouraged to form city clubs. In large cities this can be done, for there are enough worth while. In other places it may be advisable to form a district club, covering several counties. This is a local option, and should be governed accordingly.

This membership should be limited —

First: To those who have a *Neurocalometer*.

Second: To those who are assistants in and do *Neurocalometer* technique.

Third: (And this should be a cardinal primary essential — To those who use the new posture recoil adjustment in their regular, usual and ordinary daily practice on cases. I mention this because upon the results attained with cases depends the success of the club movement. And results in *Neurocalometer* work in releasing pressures and restoring transmissions *depend upon new posture recoil work*.

Fourth: To studying the restrictions around your lease, and understanding its intent so all may abide by them and not suffer penalties.

Fifth: To reporting any known infractions of the restrictions as well as violations of advertising.

While the *Neurocalometer* is new and all are learning, the meetings should be held once a week. Later, when the fundamentals have been talked and worked out, they can be held every two weeks. After a while once a month will probably be often enough.

At these club meetings you should discuss technique;
check each other to see who has slipped and how;
see how much you have forgotten which was taught in our
classes;

give each other readings and all watch the one and check his errors;

discuss failures in reductions to zero and why;

pay close attention to the adjustments you thought, but didn't give;

study cases and make reports;

contrast the difference between the readings and what the analyses would have been and why;

cord pressures should receive considerable attention in discussion.

Cases that have been under the older methods and on which you have failed and then have been adjusted according to *Neurocalometer* readings with marked results should be written up with histories and readings, stating the contrasting features of before-*Neurocalometer*-and-since, and sent in here so that we can tabulate them and keep on file.

As soon as clubs are formed, we shall refer new applicants for our *Neurocalometer* service to your club for your approval or disapproval as to Chiropractic qualifications.

CAN THERE BE ANY EVASIONS?

Chicago, Ill., July 29, 1924.

Palmer School of Chiropractic,
Davenport, Iowa.

Gentlemen: This is in response to your request for information concerning your legal rights to Dr. Evins' *Neurocalometer* and process of diagnosis and correction.

It is true that until a patent application is allowed and issues as a patent no action can be had against others who infringe the invention. They cannot infringe a patent until it is issued, and therefore no grounds for legal action lie until the actual issuance of the patent.

However, when the patent issues, the mere fact that the patented article or process had, prior to that time, been open to the public is no warrant for continued infringement. As the Court of appeals in the Ninth Circuit said in *Columbia vs. Chandler*, 221 Fed., 261-263

"But it does not follow, from the fact that there can be no claim of damages for manufacturing the trucks before the issuance of the patent, that the trucks were set free from the monopoly of the patent, and could therefore be used, without liability to the inventor."

It may be that a sale of a subsequently patented article made before the patent issues is valid, but the mere physical and legal possession of the article does not warrant its use. This was the finding of a United States Court in Wisconsin, in *Federal Construction Co. vs. Park Improvement Co.*, 166 Fed., 128, where the Court said:

"At the outset we concur in the contention of complainant that ownership of the physical structure does not necessarily conclude the incorporeal right to use the same, . . ."

The Court in that case held that the owner of the patented mechanism had the right to use it, not because he had bought it, but because the subsequent patentee had himself concurred in the building and operation of the original machine, prior to the issuance of his patent.

In your case, on the other hand, those who manufacture and sell and use devices which are the equivalent of the Evins Neurocalometer do so against your most vigorous protest and in the face of notice from you to desist.

We may summarize your position by stating that while, until your patent or patents issue, you have no cause of action, a cause of action will immediately accrue upon the issuance of either process or apparatus patents, and the field which, up to the time of the issuance of the patent, was open to the public is subsequently closed. After the issuance of apparatus patents no machines falling within the claims of such patents can be made or sold or used, and the use of articles earlier sold cannot be continued. When the process patent issues, then the practice of the process by any unauthorized person and with any mechanism, no matter when or where bought, becomes an infringement of the process claims.

In warning the public of your pending applications and of your intention to enforce them when they ripen as patents, you are not only protecting yourself but are fulfilling your duty to the public.

Very truly yours,

PARKER & CARTER,
By Norman S. Parker,

(Signed.)

THERE IS A DIFFERENCE

Right at the beginning, while the impression is possible, I want to register this FACT — there IS a difference between the *Neurocalometer* and all its imitators; that difference exists in more than name — it goes to the root of doing the thing the *Neurocalometer* has set out to do.

Now that the conclusion is stated at the beginning, I'll back up and tell the story.

I understand all of us so well that I know most of us ARE liable to go off half-cocked and then it takes months to get some of us back on the right track.

Along comes the *Neurocalometer*. You hear me tell much good about it. You hear me say that it is "THE MOST VALUABLE INVENTION OF THE AGE BECAUSE IT PICKS, PROVES AND LOCATES THE CAUSE OF ALL DIS-EASES OF THE HUMAN RACE," and by that time you have pricked up your ears, opened your mind to reason, begin to get ready to want to see one demonstrated somewhere—and, away back, you are scheming how you "can meet those outrageous prices" because "if it does what B.J. says it does, we simply must have one or go out of business."

But, circumstances are such that no P.S.C. demonstrator has been able to come to YOUR town yet, or anywhere near. So, YOU have NOT YET seen THE *NEUROCALOMETER*.

But, your interest is aroused, and you are "rarin' to go."

Now come along some ten or fifteen "infringers." They come just like a hobo, in open daylight, ready to sponge a meal, never pay a cent, or pay anything for what they get. They want you to give, but they are unwilling to give anything to get. How they contrast themselves with an upright, earnest, sincere and intelligent workman who labors to produce and is willing to pay the price of service rendered to deliver accordingly.

Sooner or later some of these "infringers" are going to stake their gypsy tent somewhere near, close to where you live; so you polish Lizzie, feed her oil and start off early in the morning, determined to "see one of those wonder machines."

You knew, OF COURSE, before you left home, that it wasn't a *NEUROCALOMETER* you were going to see. But the name sounded similar. You believed that "it was about the same thing, intended to do the same work." The literature you received said that "it was just as good," and "equal in efficiency to any instrument on the market." So you fully expected to see THE SAME THING as a *NEUROCALOMETER*, even though by a different name, put out by somebody else.

You arrive! You look! You study! And here is what you see: A little box with a meter on one end, and a handle thing on the

other end of a cord that unites both of them. (So far, it meets the description you have heard about the *Neurocalometer*).

They make a test on a patient by putting these handles over the spine. (And that is what you heard WE did with a *Neurocalometer*).

You watch the little needle. It may register high at the very beginning of the demonstration. Later it doesn't register very high, on either side. After a while it seems to get tired, works slower, seems to get stuck-like and then finally it refuses to work to any but ONE side all the time. The technician tells you "it is getting hot and I will have to wait awhile, until it cools off." You take all this "apple sauce" for granted, and sit back, waiting.

Meanwhile you take all this for granted that it is the usual and necessary process to go through, jump ahead to conclusions that "THE NEUROCALOMETER, BEING THE SAME KIND OF A MACHINE, MUST DO THE SAME THING, IN THE SAME WAY." Not so; there IS a difference!

By this time you are having some doubts. You don't like it, but that is what you have just seen. You hardly think it is worth the money being asked, regardless of whether that price be \$100 or \$500. But you reflect seriously; you recall the wonderful things I have said about THE NEUROCALOMETER, and then you MAY make the plunge.

So long as you see ONLY the infringement you MIGHT be satisfied to the point of buying. If you THEN could just see THE NEUROCALOMETER alongside, by quick contrast, you would be glad to pay the difference — because there IS a difference in something more than price.

These "infringements" work, anywhere from where they DON'T work, on up the varying scale TO THE NEUROCALOMETER AT THE PEAK OF EFFICIENCY. All of these "infringements" are below required scale. Some of them are worse than that.

As you view these different degrees of incapacibilities to deliver the work you have a right to expect — you are liable to become disgusted not only with the "infringement," but also against the *Neurocalometer*. PLEASE keep your mind open until you have

seen the *NEUROCALOMETER*. Some of these "infringements" are of such inferior quality that WE HERE are beginning to feel the reaction AGAINST THE *NEUROCALOMETER* because of demonstrations made with their instrument. PLEASE keep your mind OPEN.

Here is just one sample of many letters received from various Chiropractors in different parts of this country. This writer saw THE *NEUROCALOMETER*, was sold to the idea and purchased one on sight. He KNOWS the difference:

"The _____ X _____ men were in _____ yesterday, putting on a demonstration. Not more than fifteen chiropractors were here, and to say they were disgusted is putting it mildly. The machine was not at all accurate, and they had to wait so long between each contact to let the heat get out of the machine that if you worked your head off all day you could not handle more than ten patients a day.

"So you see, every demonstration he makes boosts your machine.
"_____"

"P.S. — Dr. _____ was here from _____, and said he would not buy from Palmer, and he wanted some kind of a machine, but he would not have _____ machine in his office after witnessing his demonstration."

Let me recall something to your mind. About a week or two ago I wrote quite a lengthy story about "Infringements — A General Lay of the Ground." In that story I extended myself about that "hot-and-cold-junction" pyrometer idea. That's what they are ALL running into. There isn't A SINGLE ONE that has solved THAT problem — except the *Neurocalometer*.

Here's what happens. The average Chiropractic school head hears about the *Neurocalometer*. He knows I am behind it. Rather than be beaten in the game, he decides to go into the business too.

This C.S.H. visits some E.E. (electrical engineer), which E.E. is always "world famous" and is connected with some "world's biggest plant" of some kind. This C.S.H. tells this E.E. all about what THE *NEUROCALOMETER* claims to be able to do. The E.E. immediately, if not sooner, "knows all about that — what that is, nothing but a galvanometer and a pyrometer put together — we have been using those for years — nothing new to that —

that's simple — I'll have one put together for you before night — I can make them up for you for \$100 or less — those fellows out there can't patent that because it is as old as the hills."

Under this glowing tribute to a wonderful understanding upon the part of the E.E. — the C.S.H. tells him to go ahead and make up some.

Then the C.S.H. trots back to his office, writes some very glowing tributes to his Neuro-mometer. He gets the sudden happy spurt, prints his literature (which is mostly copied and imitated), even to names, claims, patents-applied-for 'n everything. They set a price, ask for money, are set to receive bushels of orders, in fact go so far as to set dates for deliveries.

And then what happens? In a few days the E.E. gives them a demonstration that WON'T demonstrate, except as described in the above letter. And, when the C.S.H. has it, he hasn't. He bumps hard into that hot-and-cold-junction thing and then they begin to run chills up and down their own spines. They have promised much in print and can't deliver anything but a fizzle in reality. It's a hard and cruel world, when these fellows have to come down out of the clouds and hit the hard earth.

Just keep this ONE thing in mind — the failures you have witnessed are due to their inability to overcome that hot-and-cold-junction problem. D. D. Evins HAS ELIMINATED THAT IN THE NEUROCALOMETER. HE HAS ACCOMPLISHED THE ONE THING THAT PHYSICS HAS SAID IS IMPOSSIBLE. And these "world famous" E.E.'s were following the usual physicist's path of least resistance.

There IS a difference. Come to Lyceum and see for yourself.

Just to be a good sport, I would like to throw open a competition during Lyceum of all machines on the one and same back, and let an impartial jury of fifteen Chiropractors say which is which, blindfolding each machine and judging them solely by their work accomplished. But what's the use — we do not need to, for the patent situation will take care of all that.

THIS IS A PATENT LAW

Law Offices of
PARKER & CARTER
1410 Marquette Building
Chicago

August 2, 1924.

Palmer School of Chiropractic,
Davenport, Iowa.

Gentlemen: In accordance with your recent request, we are herewith rendering you an opinion upon your legal rights and those of your licensor, Dr. Evins, under the pending application covering the process and apparatus of and for detection and correction of abnormal conditions along the spine.

The inventions are covered by pending applications WHICH CONTAIN BOTH PROCESS AND APPARATUS CLAIMS. While claims are pending but not allowed, the applicant holds a general inchoate right in his invention upon which he cannot bring suit. He cannot make good his EXCLUSIVE RIGHT to his invention in the courts UNTIL he obtains a patent. (Gayler vs. Wilder, 13 L. E. 504, 10 Howe, 477-493; Marsh vs. Nichols, Shepard & Co., 32 L. E. 538, 128 U. S. 605-612; Lyon vs. Donaldson, 34 Fed. 789; Brill vs. St. Louis Car Co., 80 Fed. 909.) Thus unless and until you obtain a patent or patents covering your inventions you have no grounds for suit.

It follows that those who have manufactured, sold and used articles falling within the terms of your patents and who have practiced processes covering your patents, before the patents issue, cannot be sued by you for anything which they did before the patents issued. You can recover no damages for anything which happened before the issuance of your patents. (Columbia vs. Chandler 241, Fed. 261-263, C.C.A. 9 and Jennings vs. Rogers Silver Plate Co., 118 Fed. 339; C. C. Conn.)

When your patents issue THE SITUATION IS IMMEDIATELY ENTIRELY CHANGED. Although you cannot recover damages for the sale of earlier infringing instruments, YOU CAN ENJOIN THEIR USE. The law covering this situation was clearly stated in Columbia vs. Chandler. This case involved a patent for improvement in trucks. The district court entered a decree sustaining the validity of the patent AND ENJOINING THE DEFENDANTS FROM USING THE TRUCKS WHICH HAD BEEN SOLD TO THEM. The court of appeals sustained the patents and held that the trucks in question did infringe the patent, and after stating that there could be no recovery from damages it went on to say:

"But it does not follow, from the fact that there can be no claim of damages for manufacturing the trucks before the issuance of the patent, that the trucks were set free from the monopoly of the patent, and could thereafter be used, without liability to the inventor.

"The injunction against the use of the twenty pairs of trucks in question to be dissolved UPON PAYMENT BY THE APPELLANTS OF THE AMOUNT SO TO BE FOUND DUE TO THE APPELLEES."

The court could not have decided otherwise, for Section 4884 of the U. S. Revised Statutes reads as follows:

Sec. 4884. Every patent shall contain a short title or description of the invention or discovery, correctly indicating its nature and design, and a grant to the patentee, his heirs or assigns, for the term of seventeen years, of the exclusive right to make, use and vend the invention or discovery throughout the United States and the Territories thereof, referring to the specification for the particulars thereof."

After the patent has issued the prior maker of the patented article becomes responsible for royalties or damages for all articles he continues to make. (Jennings vs. Rogers Silver Plate Co., 118 Fed. 339; C. C. Conn.)

These cases should dispose of any contention that the mere fact that the instrument has been bought before a patent issued, is sufficient to make the holder of that instrument immune from prosecution for its use after the patent issues. As clearly stated in the statute, the monopoly of the patentee extends to the manufacture, sale and use of the infringing articles, and while the manufacture, sale and use of an article before the patent issues is not an infringement, its use by the purchaser after the patent issues is an infringement.

The mere fact that the holder of a patented article bought it in good faith and legally, does not give him the right to violate a patent monopoly. In the Federal Construction Co. vs. Park Improvement Co., 166 Fed. 128; C. C. Wis., the inventor of an amusement device tried to restrain the purchaser of an amusement park in which it was set up, from using it. The court stated:

"At the outset we concur in the contention of complainant that ownership of the physical structure does not necessarily conclude the incorporeal right to use the same, and also that such incorporeal right may not be foreclosed by the operation of the statutes of the 'State'" (P. 129).

A similar question arose in the case of Daimler Manufacturing Co. vs. Conklin, 170 Fed. 70. The case involved the right of a purchaser of an automobile in Europe to bring that automobile into America, where it was covered by patents, and to use it. The court held that although the automobile might have been legally purchased in Germany from a manufacturer, who in Germany had the right to sell the automobile, this was not sufficient to give the American purchaser the right to bring the automobile into America and use it, when the automobile infringed the claims of an American patent.

The exception to this general ruling, upon which those who are copying your invention apparently rely, is that provided for by Section 4899 of the United States Revised Statutes, which reads as follows:

"Sec. 4899. PERSONS PURCHASING OF INVENTOR, BEFORE APPLICATION, MAY USE OR SELL THE THING PURCHASED. Every person who purchases of the inventor or discoverer, or, with his knowledge and consent, constructs any newly invented or dis-

covered machine, or other patentable article prior to the application by the inventor or discoverer for a patent, or who sells or uses one so constructed, shall have the right to use, and vend to others to be used, the specific thing so made or purchased without liability therefor."

By the terms of this statute, if an inventor sells an infringing article, by that act he frees it from the patent monopoly. The section was interpreted by the supreme court in *Wade vs. Metcalf*, 32 L. E. 661; 129 U. S. 202; Mr. Justice Gray, speaking in part as follows:

"This section clearly defines four classes of persons who shall have the right to use, and to vend to others to be used, a specific patentable machine:

"First: Every person 'who purchases of the inventor' the machine before his application for a patent.

"Second: Every person who 'with his knowledge and consent constructs' the machine before the application.

"Third: Every person 'who sells' a machine 'so constructed,' that is to say, which has been constructed with the knowledge and consent of the inventor by another person.

"Fourth: Every person who 'uses one so constructed,' that is to say, constructed with the inventor's knowledge and consent by another person.

"In order to entitle a person of any of these four classes to use and vend the machine, under this section, the machine must originally have been either purchased from the inventor, or else constructed with his knowledge and consent, before his application for a patent."

In your case, far from licensing any competitors to use the Evins process or Evins structure, you have most strenuously opposed any such use, and this statute cannot be used to warrant infringing acts, since obviously none of your competitors are in the class of any of the exceptions mentioned by Justice Gray.

As regards the scope of your process claims we may mention that a process patent is not limited to the apparatus illustrated and shown in the specification, for such apparatus must be considered as merely an example or illustration. If the process claims cover the process in which an apparatus is used, the claims are infringed, even though the apparatus might differ widely from the apparatus shown in the process patent. Thus when your broad process claims issue, they can be infringed by the use of any type of apparatus, no matter how different from your Neurocalometer, provided only that the process in which the apparatus is used falls within your process claims. (*Moore Filter Co. vs. Tonopah Belmont Development Co.*, 201 Fed. 352, C. C. A. 3; *Expanded Metal Co. vs. Bradford*, 136 Fed. 870-873, C. C. Pa.) This last case was reversed, 146 Fed. 984; C. C. A. 3, but reaffirmed by the supreme court, 214 U. S. 366-385, 53 L. E. 1034-1041.

Your situation may be summarized as follows:

Until your patents issue you have no rights upon which you can sue and any one can make your apparatus or practice your process. After your patent issues you can restrain any one from making, selling and using instruments which infringe your apparatus claims. You can restrain any one from practicing any process which falls within the terms of your process claims. You can prevent the use of any instrument, no matter when bought or when made, even though manufactured and sold before your patents issued, if the instrument is an infringement of your issued claims. You can prevent the practice of your process even if carried on by instruments which do not infringe your apparatus claims and which are entirely different from the apparatus developed and patented.

The only exception to your broad monopolistic rights of preventing the unauthorized manufacture, sale and use by others, is provided by the earlier mentioned statute, R. S. 4899, and this statute only applied to machines made and sold with the knowledge and consent of the inventor.

In your case no such consent has been given.

Very truly yours,

PARKER & CARTER,

EM.

By (Signed) NORMAN S. PARKER.

TO THE PALMER SCHOOL OF CHIROPRACTIC:

In compliance with your request, we submit herewith our written opinion as to the rights of a patentee, after the issuance of a patent to him, to enjoin the sale or use of infringing articles as against a person who acquired such articles prior to the issuance of the patent in question, and the right of such patentee to recover damages from an infringer under similar circumstances, with particular reference to your right to prevent the use of devices infringing upon your Neurocalometer and your process of Neurocalometer diagnosis by persons who construct the infringing devices without your consent or purchase them from anyone other than you.

The answer to your question involves a consideration of the statutes providing for the issuance of patents and relating to the infringement thereof, and the decisions of the United States Courts relative thereto.

The issuance of patents is provided for by Section 4884, R. S. (7 Fed. Stat. Ann., page 14), which provides that:

"Every patent shall contain * * * a grant to the patentee, his heirs or assigns, for the term of 17 years, of the exclusive right to make, use and vend the invention or discovery throughout the United States and the territories thereof, referring to the specification for the particulars thereof."

You will note that this Act provides for three exclusive rights, viz:

1. The exclusive right to make;
2. The exclusive right to sell;
3. The exclusive right to vend;

the invention or discovery.

These rights are well set out in 1 Hopkins on Patents, page 326, as follows:

"As we have seen elsewhere, the right vested in a patentee by the grant of the patent is exclusive or monopolistic in character, for a term of years named, in a territory named, and embraces three distinct substantive rights, namely, the right to make, the right to use, and the right to sell. An invasion of either of these rights by another, during the life of the patent and within the territory named in the patent, is called an infringement; and the device or art thus wrongfully made or practiced is also called an infringement."

The same idea is well expressed in *Haselden vs. Ogden*, 3 Fisher 378, Fed. Case No. 6190:

"An infringement is a copy made after and agreeing substantially and in principle with the article described in the Letters Patent. The act of Congress confers upon the patentee and his assigns the exclusive right to make, to use, or to sell to others to be used, the article patented. It is, therefore, an infringement to make or manufacture a patented article, though it is never used by the maker. It is likewise an infringement to use a patented article, though made by another. It is also an infringement to sell to others the article when it is manufactured by another. The law vests the exclusive right to do all these three things in the patentee, and hence for another to do one or all of them is an infringement."

In 1 Rogers on Patents, page 137, it is said:

"Infringement is the unauthorized making, using, or selling for practical use or for profit of an invention covered by a valid claim of a patent during the life of the patent. It may involve any one or all of the acts of making, using, and selling.

"It is, therefore, an infringement for an unauthorized person to make a patented machine, for use or for sale, though, in fact, it is neither used nor sold; it is an infringement to use it, though made by another; and it is an infringement to sell it, whether made by one's self or by another unauthorized person."

In 30 Cyc. 815, it is said:

"A patent for an invention is a grant by the state to the inventor, his heirs or assigns, of the exclusive right to make, use, and vend the thing patented for a definite period of time. The inventor has a natural right to make, use, and vend his invention, and therefore the patent confers upon him no right save the right to exclude others from making, using, or selling his invention."

And on page 972 it is said:

"Infringement may consist either in making, using, or selling the invention, or in all three."

It is well settled in the United States that an inventor has no common law right to prevent others from using his invention after he has made it public, although he may keep it secret and in that way deprive the public of its benefits.

30 Cyc. 815;
Patterson vs. Kentucky, 97 U. S. 501;
24 L. ed. 1115;
Gaylor vs. Wilder, 10 How. U. S. 477;
13 L. ed. 504;
Wilson vs. Rousseau, 4 How. U. S. 646;
11 L. ed. 1141;
Wheaton vs. Peters, 8 Pet. 591;
8 L. ed. 1055;

and many other cases which might be cited.

As there are no common law patent rights, there are also no common law exceptions to the patent rights provided by statute, and the only exceptions to the exclusive rights granted by R. S., Section 4884, quoted above are those contained in the Federal Statutes.

R. S., Section 4899 (7 Fed. Stat. Ann., page 189) contains the statutory exceptions to the exclusive rights granted by Section 4884, and is as follows:

"Every person who purchases of an inventor or discoverer, or with his knowledge and consent constructs any newly invented or discovered machine or other patented article prior to the application by the inventor or discoverer for a patent, or who sells or uses one so constructed, shall have the right to use, and vend to others to be used, the specific thing so made or purchased, without liability therefor."

It will be noticed that this section gives a right to use a machine constructed before the application for patent is made only and does not apply to a machine purchased or constructed after the application for patent was filed by the inventor.

In this case I understand your request for an opinion to bear particularly upon your rights to enjoin the use of any appliance infringing upon your "Neurocalometer," and that the application for patent upon the Neurocalometer was made by the inventor on the 18th day of January, 1924.

Under the specific wording of Section 4899, quoted above, the exceptions in it would not apply to any infringing device made after January 18, 1924, the date the application herein referred to was made or filed. By the specific terms of this section, the right to continue the use of an infringing device is expressly limited to a device purchased "of the inventor or discoverer," or constructed "with his knowledge and consent."

It is my understanding that you are the owners by assignment of the invention called by you the Neurocalometer, and the pending application for patent upon this device and the process of diagnosing by its use, and that you and the inventor have not only refused to give your consent to the construction of Neurocalometers by anyone except persons employed by you for that purpose, but that you have expressly notified other persons not to make them and have advertised broadly that application for patent on your Neurocalometer is pending, and that all infringers of your patent, when granted, will be prosecuted. Of course, any persons who purchase a Neurocalometer from you will have the right to continue to use same after your patent issues. We do not understand that you have given anyone permission to construct Neurocalometers for anyone except yourselves, so that if any person before the issuance of your patent purchases a Neurocalometer from anyone other than yourselves or the inventor, Mr. Evins; or constructs a Neurocalometer without the consent of the inventor, Mr. Evins, or yourselves as his assignee, they will not come within the exception of Section 4899, above; and if not within the protection of that section, will have no right to resell nor use a Neurocalometer acquired from anyone other than yourselves after your patent issues.

This is the construction uniformly given to this act by the Federal Courts. In *Wade vs. Metcalf*, 129 U. S. 202; 32 L. ed. 661; the Supreme Court of the United States says:

"This section clearly defines four classes of persons who shall have the right to use, and to vend to others to be used, a specific patentable machine: First, every person 'who purchases of the inventor' the machine before his application for a patent; second, every person who 'with his knowledge and consent constructs' the machine before the application; third, every person 'who sells' a machine 'so constructed,' that is to say, which has been constructed with the knowledge and consent of the inventor by another person; fourth, every person who 'uses one so constructed,' that is to say, constructed with the inventor's knowledge and consent by another person."

A leading case upon this subject is the decision of the Supreme Court of the United States in *Kentucky vs. Winsor*, 21 How. 322; 16 L. ed. 165.

In that case plaintiff had invented a machine for making harness and constructed one of the machines in 1848, but did not put it in public use, and was working to perfect some defects in it until 1853 or 1854, when he applied for a patent.

The defendant in 1852 obtained information regarding plaintiff's invention and constructed a machine embodying that invention.

After the patent was issued to the plaintiff, he brought suit against the defendant to enjoin defendant from using the machine constructed by defendant. The defendant contended that inasmuch as his machine had been constructed before plaintiff's application for patent was filed, that he, de-

defendant, had the right to continue to use it and asked the court to instruct the jury that under the 7th section of the act of 1839:

"If the jury is satisfied that the machine for the use of which defendants are sued, was constructed and put in operation before the plaintiff applied for his patent, then the defendants possess the right to sell and vend to others, to be used, the specific machines made by them without liability therefor to the plaintiff."

Defendant also asked the court to instruct the jury that

"If the machines used by the defendants were purchased or constructed by them before the application of plaintiff for his patent with the knowledge of plaintiff, that then they must be held to possess the right to use and vend to others to be used, the machines so purchased or constructed."

The court refused to give the instructions asked by defendant, and instructed the jury that

"If Aldridge, under a pledge of secrecy, obtained knowledge of plaintiff's machine — and he had not abandoned it to the public — and thereupon at the instigation of the defendants and with the knowledge on their part of the surreptitiousness of his acts, constructed machines for the defendants, they would not have the right to continue to use the same after the date of the plaintiff's letters patent."

The Supreme Court of the United States upheld the action of the lower court in refusing to give the instructions requested by defendant and in giving the instructions quoted, and said in discussing this question:

"Returning now to the instructions from the judge at circuit in this case, we can consider that instruction to be in strict conformity with the principles hereinbefore propounded and with the decision of this court, as declared in the cases of *Pennock vs. Dialogue* and *Shaw vs. Cooper*."

Also:

"We think that the rejection by the court of the prayers offered by the defendants at the trial was warranted by the character of defendants' prayers as having a tendency to narrow the inquiry by the jury to an imperfect and partial view of the case and to divert their minds from the full comprehension of the merits of the controversy."

The same principle is laid down by Justice Storey in the case of *Pierson vs. Eagle Screw Company*, 3 Story 402; 2 Robb Pat. Cas., pages 268-271, where it is said:

"The defendant's argument is that the Eagle Screw Company had a right to use the machines purchased by them from Read before Crum's patent was obtained, although Crum was the prior and true inventor and patentee under the 7th section of the Patent Act of

1839; and great reliance is placed upon the case of *McClurg vs. Kingsland*, 1 How. Court R. 202. In my opinion, neither the act of Congress nor the case of *McClurg vs. Kingsland* justifies such a doctrine. Suppose the argument to be well founded, what would be the legal result? Why, that the mere wrongdoer, who by fraud or artifice, or gross misconduct, had gotten knowledge of the patentee's invention before he could obtain a patent, without any laches on his part, could confer upon a purchaser under him — bona fide and without notice — a title to the patented machine which he himself could not exercise or possess. Certainly there is no ground to say, that a person who pirates the invention of any party prior in point of time and right can make any valid claim thereto against the prior and true inventor. How, then, can he confer on others a title which he himself does not possess?

"Upon general principles, the assignee can ordinarily claim no more than his assignor can lawfully grant. But it is said that the 7th section of the act of 1839 declares, 'that every person or corporation who has or shall have purchased or constructed any newly-invented machine, manufacture, or composition of matter, prior to the application by the inventor or discoverer for a patent, shall be held to possess the right to use and vend to others to be used the specific machine, manufacture or composition of matter so made or purchased, without liability therefor to the inventor or any other person interested in the invention; and no patent shall be held to be invalid by reason of such purchase, sale or use prior to the application for a patent as aforesaid, except on proof of abandonment of such invention to the public, or that such purchase, sale or prior use has been for more than two years prior to such application for patent.' Certainly the language in the first clause of this section is very general, not to say loose, in its texture. But if it stood alone, the first interpretation of it might fairly lead to the conclusion, that the purchaser there spoken of was a purchaser, not from the mere wrongdoer, but from the first and true inventor, before he had obtained his patent. The language of the clause does not even include the qualification, that the purchaser should be a bona fide purchaser for a valuable consideration, without notice of the claim or title of the inventor, or of any fraud of the vendor upon that claim or title. Yet, surely, it could never have been the intention of this clause to confer on a fraudulent purchaser, or a purchaser with full notice, a right to use an invention pirated from the original inventor, by wrong. If, on the other hand, we interpret the language to mean a purchaser from the inventor himself, before his application for a patent, the omission of such qualifying words is at once material and consistent with the apparent objects of the section. But the remaining clauses of the section render this interpretation perfectly clear and right. These clauses point solely to the inventor, and demonstrate that the purchaser before spoken of was a purchaser from the inventor himself. * * * Any other construction of these

clauses would lead to this extraordinary conclusion, that the inventor would be deprived of the benefit of his invention and his right to a patent without any laches, or misconduct on his own part, by the mere acts of a wrongdoer without his knowledge or against his will; and the exceptions, in a practical sense, would become nullities."

The court then goes on to distinguish the case of *McClurg vs. Kingsland*, *supra*, and points out that in that case the machine in question was constructed for the defendant therein by the licensee himself and therefore necessarily used with his consent.

A similar holding was made in *Evans vs. Weiss*, 2 Wash., page 342; 1 Robb Pat. Cas., pages 10, 11, 12 and 13, in an opinion by Washington justice, where it is said:

"It is contended by the plaintiff, that the defendant is liable for using the plaintiff's improvement, in application to the second wheel and pair of stones, since the 22nd of January, 1808; or, at all events, since the time when the defendant received notice of the plaintiff's patent; because the proviso in the act, passed on the 21st day of January, 1808, 'for the relief of Oliver Evans,' extends only to cases of improvements erected for use, or used prior to the passage of that law, and does not protect the defendant from damages for using after the issuing of the patent under this law, an improvement erected prior thereto. On the other side, it is insisted that such a construction would render this an *ex post facto* law, and consequently repugnant to the constitution. To avoid which it should be so construed as to connect with the use of the improvement the erection of it subsequent to the grant of the patent.

"Although the court at the last term, and upon the first argument, felt strongly inclined to give it the construction contended for by the defendant, yet, upon further reflection, we are satisfied that we should do violence to the words, which no rule of construction would warrant. The words of the proviso are, 'Provided that no person who shall have used the said improvements, or have erected the same for use, before issuing said patent, shall be liable therefor'; that is, shall be liable for having erected, or having used the improvement at any time prior to the patent. But with respect to the use of it after the issuing of the patent, no protection whatever is afforded against the claim for damages under this law. The next inquiry is, does the general law give to the plaintiff a right of recovery against a person who erected a machine prior to the issuing of a patent to the first inventor of it, and who afterwards made use of the same?

"It must be admitted that cases of great hardship may occur if, after a man shall have gone to the expense of erecting a machine, for which the inventor has not then and never may obtain a patent, he shall be prevented from using it by the grant of a subsequent

patent, and its relation back to the patentee's prior invention. But the law in this case cannot be termed *ex post facto*, or even retrospective in its operation, because the general law declares, beforehand, that the right to the patent belongs to him who is the first inventor, even before the patent is granted, and, therefore, any person who, knowing that another is the first inventor, yet doubting whether that other will ever apply for a patent, proceeds to construct a machine of which it may afterwards appear he is not the first inventor, acts at his peril, and with a full knowledge of the law, that by relation back to the first invention, a subsequent patent may cut him out of the use of the machine thus erected.

"Not only may individuals be injured by a literal construction of the words of the law, but the public may suffer if an obstinate or negligent inventor should decline obtaining a patent, and at the same time keep others at arm's length so as to prevent them from profiting by the invention for a length of time, during which the fourteen years is not running on. But all these hardships must rest with Congress to correct. It is beyond our power to apply a remedy.

"No such hardship exists in this case, where the defendant erected this improvement, with a knowledge not only that plaintiff was the first inventor, but that he had absolutely obtained a patent, although it was afterwards invalid."

While *Evans vs. Weiss* refers to a prior statute, the principle there involved applies to Section 4899, above referred to.

In *Hovey vs. Stevens*, 12 Fed. Cas. No. 6745; 2 Robb Pat. Cas. 479-490-491, it is said:

"Under these circumstances, it becomes a very important question whether he did not copy his invention in some respects from Hovey's, and especially as to the mode of attaching single knives and giving to them a rotary motion. If he did this, without Hovey's consent and before he made his machine public or sold it, I should think that his use of such a grinder, though begun before Hovey obtained his patent, ought not to be protected. It would be use by fraud, and could not be contemplated and saved under the act of 1839, ch. 88, par. 7, 5 Stat. at Large, 354. To be sure, that act in broad terms allows anyone to use and vend a machine which he has purchased or constructed before the inventor applied for a patent. This, however, I think must be construed to mean a purchase of the inventor or his grantee, or a construction by their consent, or by his own ingenuity. Hence, if he himself invented it before, or if he copied it before from other inventors than Hovey, or if Hovey consented to the construction or use of one machine of this kind by Stevens for grinding, of which there is some testimony, then the respondent should not be restrained in the continued

use of that one machine, whether we look to the act of Congress itself or to what is reasonable and equitable, independent of the act. 1 Paine, 348.

"But, as before remarked, if he constructed it by a fraud and piracy on the inventor, I shall hold, for the purpose of this examination, that he is not protected."

Another decision by the Supreme Court of the United States bearing upon this question is *Beedle vs. Bennett*, 122 U. S. 71, 30 L. ed. 1074. This case involved the driven well patents and was a suit for infringement by the owner of those patents against a party using one of the wells which had been driven before the patent was issued, by a third party. The court held that the use of the well by the defendant, even though it was not driven by him but had been driven by another party, infringed the plaintiff's patent for a process for drawing water from the earth by a well of that kind and the court said that every time defendant drew water from the well, he used plaintiff's process and infringed his patent.

Other cases might be cited, but those given amply illustrate the principle involved and conclusively uphold your right to prevent infringement of your patent after issuance, by anyone acquiring or constructing a machine before that time without your knowledge AND consent.

It is well settled that the term of a patent commences with the issuance of the patent. R. S., Section 4885, provides that every patent shall issue within a period of three months from the date of the payment of the final fee and while under an earlier act it was held permissible for the Commissioner of Patents to antedate a patent, under the present act it has been held that the patent takes effect from the time it is granted and cannot be antedated.

Gramme vs. Arnoux Electrical Co., 17 Fed. 838.

It is not unusual for persons pirating another's invention to encourage prospective purchasers to belief that if, before the issuance of a patent upon the invention in question, they purchase a machine embodying the invention for which such application for patent is pending, they can continue to use such machine after patent has issued, without liability for damages and without being subject to an injunction. Consequently, many people believe that the issuance of a patent subsequent to the date on which they made or bought an infringing machine, will not prevent their subsequent use of it.

This view is not correct. It is true only where the machine was purchased or acquired from or with the consent of such patentee.

Applying the foregoing principles to your case, it is evident that any chiropractor who purchases a Neurocalometer or an instrument embodying the invention contained in your Neurocalometer from anyone who has not been authorized by you or your assignor, Mr. Evins, to make and sell same, will have no right to use such machine after patent is issued upon your application and no right whatever to use your process of diagnosis after patent thereon has been issued on your pending application. THE RESULT

NECESSARILY WILL BE THAT SUCH OWNERS MUST EITHER DISCARD THEIR MACHINES ENTIRELY, OR COME TO YOU AND OBTAIN A LICENSE TO USE SAME FROM YOU, ON SUCH TERMS AS YOU MAY DEEM PROPER. OF COURSE, IT WOULD BE RIDICULOUS TO SUPPOSE THAT YOU WOULD GRANT TERMS MORE FAVORABLE TO AN INFRINGER, OR ONE WHO HAS ATTEMPTED TO PIRATE YOUR INVENTION, THAN YOU WOULD TO PERSONS WHO PURCHASED INITIALLY FROM YOU.

YOUR REMEDIES

The remedies available to the owner of a patent for infringement thereof, are too well established to need extended argument. They include the right to an injunction restraining the infringer from continuing to use the infringing device during the entire term of the patent.

THEY ALSO INCLUDE THE RIGHT TO RECOVER SUCH DAMAGES AS THE PATENTEE OR HIS ASSIGNEE HAS SUFFERED BY REASON OF THE INFRINGEMENT AND A RIGHT TO RECOVER ALL PROFITS MADE BY THE INFRINGER BY THE USE OF THE INFRINGING DEVICE.

The last mentioned remedy is of special importance in this case, for it is obvious that an infringer making any extended use of your device or your process, and taking in any substantial amount of money by reason thereof, MIGHT BE COMPELLED TO ACCOUNT TO YOU FOR THE ENTIRE PROFIT derived by him from the use of the machine.

In my judgment, based upon a careful study of the authorities bearing upon this proposition, and the statutes relating to the subject, there is no question that the issuance of a patent to you upon the invention and process covered by the Neurocalometer application, will give you the right to stop any person from using any infringing machine constructed or acquired without your consent. It will also give you the right to recover such damages as you may suffer by reason of such infringement, and to an accounting for profits as outlined above.

In this connection, I want to commend the care you have taken to notify the profession generally of the pendency of your applications for patent, for in view of the publicity you have given your rights, there can be no excuse for anyone attempting to pirate your invention, nor to believe that they can acquire any rights to an infringing device which will give them any standing in a court of equity after your patent issues.

BUSH & BUSH.

By A. G. BUSH.

Fountain Head News of August 16, 1924, said:

ESSENTIALS AND NON-ESSENTIALS

The Neurocalometer is destined to revolutionize Chiropractic.

Therefore IT is an important subject for consideration by the Chiropractic fraternity.

Next to the Neurocalometer itself, the most important subject is how to safely get one.

This goes squarely to the root of the patent situation.

The next most important subject is infringements and whether it IS safe to get one and use it or not.

Thruout this entire discussion the writer, The P.S.C. and The F.H.N. have endeavored to confine their statements to

First: The Neurocalometer.

Second: The patent situation.

Third: Infringements.

We have studiously avoided any discussion of any person connected with any phase of the subject.

We have had plenty of opportunity, but those are non-essentials when considered in the final analysis.

We believe that the Chiropractic profession does not care to read any matter that is foreign to their interests or the issues they are compelled to consider which would help or hurt their practices right now or in the future.

Therefore, with this understanding we shall continue to confine all our remarks to ESSENTIALS.

If this meets with your approval, we shall be more than pleased.

THAT OTHER DEMONSTRATION

By Fred MacLean

A few men in the east have been making considerable noise about an instrument which they claim will do all the things that the Neurocalometer will do. Naturally the writer heard considerable about this while he was on the eastern delivery trip, and when he learned that a demonstration was being held in Chicago on the day he arrived there, of course there was just one thing to do. A fair sized audience had assembled in a downtown hotel to witness the demonstration, which was scheduled for 10 a. m. but didn't start until sometime in the p. m.

It was interesting to note the various chiropractors in attendance. Some who had already purchased Neurocalometers were there out of curiosity, others who were ineligible for a Neuro-

calometer were there anxiously hoping that they could get something as good as the real thing, and there were still others who were materially interested in the affair. All in all, there was a very representative group of chiropractors there and it is nice to be able to report that good nature and courtesy pervaded the atmosphere throughout the hour.

Let it be clearly understood that the purpose of this report is to render an honest and impartial report of the demonstration and the performance of the instrument. The writer hopes that when this is read by the individuals referred to herein even they will admit that these lines represent the truth. Again, if there is any group of people who deserve a fair report on this demonstration it is the chiropractors of the country who are still standing on the edge undecided as to their course of action.

Just one week previous to this demonstration a similar one was held in a certain eastern city by the same men who were in Chicago. At this eastern meeting they stated that orders would be accepted for their instrument and that they had absolutely no fear about the outcome of the patent situation. Just one week later to the day, listen to their language: "We are not accepting orders for our instrument at this time. We are here simply to demonstrate our instrument and later on when the patent situation is settled we believe that we will be in a position to accept orders from those who may wish to purchase." Quite a change from the statement of the previous Sunday.

The writer will venture to predict that very few more Sundays will elapse before these same men will discontinue their demonstrations, not to mention the remote possibility of taking orders. If the various groups of men who are behind pseudo-Neurocalometers (I say pseudo because thus far no one has produced an instrument which is the same from a scientific standpoint or will do the same work from a Chiropractic standpoint as the Neurocalometer) knew the truth about the patent situation it is very improbable that even one of them would continue efforts to demonstrate and sell. After a resume of the various legal opinions which have been broadcast by would-be infringers relative to the patent situation all one can say is that some lawyers are leading on their clients for a nice fat fee. It's really too bad, for the money they are using and the additional sums which they may

later lose would buy several Neurocalometers and establish lucrative practices for those who are now being misled.

Let's deviate just a moment here for the sake of the skeptical. From a comparative standpoint, what man has the most to lose if the Neurocalometer and plans for its management fail? What have these other men to lose from a comparative standpoint if the Neurocalometer and its plans for management succeed? Choose between the two. Chiropractors today have the opportunity to get aboard and assure themselves of bon voyage, or they can plan to wait for the last minute and then attempt a leap from the wharf. Now is the time to choose, not when this is all over, for it may be too late then.

Now for the demonstration: The patient was prepared in the usual manner and then a pencil mark was drawn from the region of the axis to that of the fourth or fifth lumbar. Without taking into consideration the possible heat influence of a strong draft from a window nearby, clothing heat, heat from the technician's hand and one or two other sources which might be mentioned, the reading proceeded. Two assistants were called from the audience to read the dial and they were to inform the technician when the dial indicated zero, so that he might start his work. The demonstrator announced at the start that the function of this instrument was to "differentiate heat spots of the human body," so it is hard to understand why this dial had to hang at a zero. If the instrument registered the heat of the spot with which it came in contact the dial should swing to its respective position regardless of where it hung previous to application. For some reason unknown to the writer, the technician found it necessary to constantly place his finger against one of the terminals after an application and aid the dial to resume its position near the zero. One can't help but wonder if this instrument is scientifically correct. In the first place, it should register the heat of the spot under application regardless of where the dial hung beforehand, and in the second place, one must wonder if the inventor has failed to master the cooling principle which is so necessary for correct and accurate readings. No one ever saw a Neurocalometer technician juggle the dial with his fingers to bring it back to zero. No one ever saw a Neurocalometer technician worry about where the dial stood before application to the body. Chiropractors who may be pros-

pective purchasers of this instrument are entitled to know the answers to these two questions.

The less said about technique, the better. No allowance was made for any false readings that might be caused by hair heat in the region of the occiput. The fact that bone is a better retainer of heat than flesh was not taken into consideration thruout the entire reading. According to the writer's limited knowledge of anatomy, spinal nerves usually emit directly opposite each other, but this technician apparently thought there was a difference of approximately a half inch in various parts of the spine and no difference between the positions of the respective foramina in other parts. Where the clothing was in contact with the sacral region there may have been a slight heat difference, but this technician didn't seem to think that made any difference. When the reading was complete (?) no check was made to see whether or not the original selections still held. The patient was then adjusted in three or four places without any thought being given to the fact that cord pressure might be existing, et cetera, et cetera. Some day when this technician reads a booklet on Neurocalometer technique he'll probably succumb to a permanent blush. True enough, two or three of the spots selected showed an apparent reduction. The audience doesn't know whether those readings were still there before the adjustment was made or whether they had disappeared two minutes after the reading was made. If memory serves the writer correctly, no reading along the course of the spine proper was over one and one-half points, which also made one wonder about the construction of this apparatus.

This demonstration proved just the same thing that demonstrations of all the other so-called "rometers" are proving. As yet D. D. Evins is the only man who has worked out the real scientific principle of the Neurocalometer. Others may throw together some sort of an apparatus which may resemble the Neurocalometer and which may be said to do the same work as the Neurocalometer, but thus far none have qualified on the latter point. It took Evins over a year of daily concentration to perfect this principle, and Evins is a genius. Can one reasonably expect a money-grabber to sprout the same thing over night? Well, hardly.

You chiropractors who read this ponder a little. Don't let that first thought about price unbalance your good common sense. Get the straight dope before you make any definite statements or conclusions and you'll soon see that B.J. has the only real Neurocalometer, has bona fide patent claims on file, and has the only method of putting out the Neurocalometer that will protect the sick people from inefficiency and the chiropractors from strangulation at the hands of enemies.

It is well appreciated that what is written here will go into the files of record once it appears in the F.H.N. The writer has no hesitancy in presenting what he knows is the truth and if there are those who challenge his veracity they are invited to file this article and bide their time until we see who is right.

PETTIFOGGING

Webster would define this word his way. But I'll define it mine.

Synonyms: Subterfuges, alibies, evasions, inferences, innuendos.

Definition: When you haven't a leg to stand on, bluff it thru as tho all the world was at your feet. When the BIG thing is absent, try and make a molehill into a mountain. To see it work, attend any police court and watch the hangers on lawyers stall.

In writing this short squib I will give examples as they come to our attention. They don't worry us, but they may you.

The Neurocalometer DOES the work it purports to do. It covers it to the satisfaction of every person who can reason, who has ever seen it demonstrated.

We know of a few Chiropractors who haven't the money. The reasons they give for not getting one is the way THEY pettifog.

The Neurocalometer truthfully states exactly what happens that it records.

It is interesting to note how those who cannot palpate or adjust pettifog how the instrument is not capable of telling the competent

from the incompetent. It is the Neurocalometer "that is always at fault." *That* is pettifogging.

The Neurocalometer has been demonstrated many places. It has met the satisfaction of the majority.

There isn't an imitation which will deliver the same work, quality considered, truthfully portrayed.

Imitators *pettifog* in many ways to make it appear that theirs "is just as good."

In the absence of any patent situation upon which they can rely, all the imitators stall with pettifogging excuses why "what we do now BEFORE PATENTS ARE ISSUED is perfectly legal." But they will not tell you what WILL happen as soon as the patents ARE issued.

The P.S.C. came out strong for the preservation of the rights of the Chiropractic profession. That those in it who were worthy had a right to continue practicing. Therefore our restriction policy to protect THEM in that right.

Imitators started to oppose that policy by selling to anybody and everybody.

Then the profession woke up to how that program meant their ruination and downfall; woke up to the dangers in that policy and began to split the hides of the imitators.

They began PETTIFOGGING — "We sell only to 100 per cent Chiropractors;" which, in the language of pettifogging, means anybody — anyhow, unless specific conditions are specified as to what constitutes a "100 per cent Chiropractor."

One imitator who recently called upon us said he was putting the money they made from sales in the bank. They were not spending it. They were keeping it there as against the day when the patent situation was cleared up.

This is another way of *pettifogging* on their right to make a cleancut sale with no provisos.

This same fellow stated that they were finding sales few and far between. That the profession was afraid to buy because of the patent situation. That the buyers were asking for guarantees.

He said they would give one. It consisted of a guarantee that "all the money they received from sales they would put in the bank." How is that for a PETTIFOGGING sales guarantee?

This same fellow states that the Chiropractic profession was afraid of buying because of our "Buyers Beware" statement. He gave me credit for being "SOME salesman," which was but another PETTIFOGGING way of complimenting me on knowing where I stood and where HE DID NOT stand.

Another imitator has PETTIFOGGED by retaliating to our "Buyers Beware" by suggesting that the buyer insist upon a guarantee from us. Three have asked us for them. We have just as promptly issued such to their satisfaction. (This, of course, proves our sincerity in our position.) These three have then retaliated back on the imitators ASKING THEM for some guarantee "just as good." To date we have heard many PETTIFOGGING arguments against their giving any.

Do the imitators give a guarantee that is? They pettifog!

Another imitator down East tried to place a contract for a Neurocalometer. He came in too late for the low price. He tried every honorable means at his command to persuade us to accept his contract in spite of the fact that he was late and that we treated everybody fair and square. We returned him his money because he refused to pay the difference.

As A PETTIFOG, the next thing we hear is that he is now on the market with an imitation. His reason why HE has one is the PETTIFOG.

Another man we have in mind came to see a demonstration of the Neurocalometer. He was completely sold to it. He begged with tears in his eyes to have us take his contract, with his note as

entire collateral. No cash! We refused because we were accepting only CASH contracts. We understand now that he is berating me and belittling the Neurocalometer. That is pettifogging.

Another imitator has an instrument which has the usual hot-and-cold junction, which makes its action slow and more inefficient. So, to overcome all this, he hooks up an instrument to the electric 100-volt current found in any house, steps it down thru a transformer, which lights a bead of light that moves back and forth over the dial. By a system of refracted light, he makes an actual 1-point reading show up on the dial as 6 or 7. He thus deceives every Chiropractor and every patient as to the actual facts being recorded and will do inestimable harm. We call this scientific PETTIFOGGING. It produces a false and artificial exaggeration of the readings.

One usual and regular form of PETTIFOGGING is the stalling that is consistently practiced by all imitators when they try to explain why their instrument is slow, why it will not record the high readings, why they have to let it cool off, and why they have to waste so much time in talking between actual working on a back.

Another common form of PETTIFOGGING is their statements that, after all, the Neurocalometer is but "a stock galvanometer and a pyrometer, both of which are as old as the hills." That is all theirs is. Therefore the PETTIFOGGING statements to justify.

The Neurocalometer, however, is something more than that, therefore accomplishes more than that—none of which has as yet been figured out by any PETTIFOGGER in their imitations.

Every imitator presents, sooner or later, a letter from some patent attorney which justifies them publishing it, which claims that UNTIL THE TIME THE PATENTS ARE ISSUED they

can do anything they want in manufacturing and selling, and you can do anything you want in buying and using. And right there is where they stop. They do not assure you what you CAN do AFTER the patents ARE issued. We call this PETTIFOGGING on the *present tense* of the question.

Have you noticed how these pettifoggers say something like this: "There are no patents, therefore there are no infringements; therefore you cannot be injured in your rights, and anyhow those things can't be patented. BUT, IF _____." Then they pettifog about how it can't be done, "BUT, IF _____" it is done, "we will get around it some other way."

One imitator even went so far as to definitely make the statement before a group before whom he was demonstrating, that "IF _____" patents WERE issued he would take his pocketknife and whittle off a piece of wood on the handle of his detector and that would change the design, and nobody could stop him from going on. PETTIFOGGING!

A certain former instructor of The P.S.C. was making a demonstration on a Sunday down in Pennsylvania. He did his best to make sales. He didn't get any.

Seven days later, or on the next Sunday, he gave another demonstration in Chicago, at which time "they were not taking orders. They just came here to make demonstrations. They would do nothing to injure their reputations until after the patent situation was settled."

The difference was that I had three men present, at Chicago, to secure sufficient direct statement evidence to use against this man when infringement suit would be filed.

It shows how men MUST pettifog when their footing is unstable. They must be careful what they say, according to who is in the audience.

Have you noticed the pettifogging in the infringing names? Ours is a NEUROCALOMETER. You have noticed how closely allied the most of the others were. Usually two of the joint words are alike. PETTIFOGGING on titles.

NEUROCALOMETER is trade-marked. Infringements on that are as vital as on instruments direct. However, that is another angle to the legal issue that will arise later.

Another imitator, to make it appear different than it is, says: "The same people who make Palmer's instruments also make ours." 'Tis not so. How they do PETTIFOG to make sales!

Said another imitator, who called to see me about the legal situation: "I paid my good money as a student of The P.S.C. to learn about hot-boxes. You taught me. Therefore I bought and paid for, and you delivered to me, that instruction, therefore there is nothing you can do to stop me from using that education at any time and in any way." He was PETTIFOGGING himself, not me.

For years various hylo table manufacturers have been evading and infringing upon several hylo table patents I have held. I have never prosecuted anyone at any time. Finally one of these fellows began infringing upon the Neurocalometer. He now has two hylo table infringing suits pending against him in the Federal Court of this district.

The hylo table idea is ours. But we never squealed about somebody making tables and injuring us.

But just as soon as the Neurocalometer idea came out, as presented by us, the bottom fell out of the table business with everybody. Hence, they were quick to jump us for ruining *their* business — WHICH IN REALITY WAS OURS ALL THE TIME.

We never squealed when THEY infringed upon OUR patents. But when they began to infringe upon OUR Neurocalometer, we then woke up that it was time to protect OUR interests. How they PETTIFOG!

One of the pettifogging arguments we occasionally get is: "Well, if B.J. can do so darn much, why doesn't he start some infringement suits on somebody that has been violating his Hylo Table infringements?"

Up until just recently, I have never had any deliberate occasion which incited any desire in me to do that very thing. Competition has been clean and honorable. But recently one C. H. Jones, representing the Champion Table Co., jumped into this Neurocalometer-infringement-issue in an unpleasant and unsatisfactory manner. As a result there are now two infringement suits resting against him in the Federal Court, District of Iowa.

We can do it when we deem it necessary! Just because we NEVER did is no reason we NEVER CAN.

And, by contrast, note how plain, square, open and aboveboard The P.S.C. has been on meeting every issue as it has arisen. We have sidestepped none. We have openly explained every position we have assumed. Have made restrictions which were not understood, and when asked to explain, then we have done so without equivocation. We have met every issue on the patent situation. We have explained the facts legally, citing cases.

In fact, it has been our aggressive attitude that has forced all imitators to begin pettifogging to "save face." Even that won't save them. The facts are closing in around them tighter week by week, issue by issue of The F.H.N.

I know the general impression is held that the infringers are doing some business. We have kept a very close tab on the amount of business done by every imitation on the market. We know of some sixteen — there may be more. I have been getting accurate and reliable reports from inside and outside circles.

I believe that I am reasonably safe when I say that ALL THE IMITATORS COMBINED HAVE NOT SOLD OVER 50 (FIFTY) instruments. No, I did not mean 500; I meant 50 — 5 x 10.

You thot the profession would flock to them because they were cheaper, because "they were just as good," and "because" of many other reasons. Those might have been good reasons TO buy, but on the opposite side there were MANY REASONS why a man should NOT buy.

Few want to deliberately buy into a lawsuit when a few weeks' waiting would settle it all. None are so anxious to buy TODAY that they are willing to pay a court action to get it.

As a lawyer would say, the profession is "status quo," except with The P.S.C. We are selling right along, since July 1st. We are receiving orders every day. The field seems to feel that "if anybody is safe, B.J. is" — at least he isn't infringing on anybody else BEFORE HIM, because these infringers' letters all admit that the Patent office is silent on previous "state of the art."

The P.S.C. does not pettifog. That is what builds for confidence.

CHAPTER 48

The Story Of

SPRINTER OR MARATHON

(Fountain Head News, Sept. 27, 1924, TWENTY-SEVEN YEARS
YEARS AGO. Published by The Palmer School of Chiropractic.)

This is the tale of the tortoise and the hare, professionally modernized by B.J.

The ancient tale, as we remember it, was of a bet placed on who could win the race; and, for some reason, the tortoise won. There seems to have been bad judgment used by the hare, therefore he lost.

The sprinter speeds for a short distance and spurts at the finish, to reach the tape. His wind is short, distance is short, time is short. The marathoner takes on long distance, gets into stride, gets his second, third, and fourth wind, and comes in on the long run with distance at his command.

The Chiropractic profession has always had turtles and rabbits, sprinters and marathoners, milkers and feeders. They were never pointed out so clearly or clean-cut as is happening today.

The race is being run, profession is standing on sidelines watching to see how each other runs the race. Turtles are taking their pace; hares are taking theirs. Sprinters are sprinting — marathon runners are getting into stride. Sprinters and hares are outdistancing the marathoners and tortoises — in some instances. But then, we're getting ahead of our story!

Let us unravel the application!

Chiropractic is suffering from the lost confidence of a long-suffering public. We say "tic" is suffering only because the TORS feel it so. TORS are suffering from lost confidence best expressed in lost business. All of this is what it is because of certain types of practitioners and schools doing those many things which have ruined the confidence of the public — which we once had.

While this is general, as a principle, it is specific in its application. It strikes at the dollar we should have but some unworthy has ruined our opportunity to earn it by service rendered.

Now comes the neurocalometer. Then follows its restriction to those who are worthy, competent, qualified, weighing every man and woman from every angle — educational, professional, personal, financial, social, advertising, association membership, support given to worthy movements, etc.

The minute the immensity of the entire program dawned upon EVERY Chiropractor, that minute each began to question himself as to where he stacked up in the equation; whether he could or would come thru; whether he could come to scratch and come clean, sufficient to be worthy of a neurocalometer. Could he redeem his past professional life in the eyes of the NCM program?

Each Chiropractor answered those questions all by himself. He answered them in the light of his past practices, the state of his mind and intents. Nobody but himself placed him where he was.

When he had properly stacked himself today, against himself yesterday, here is where he found himself:

- 1st. worthy — placed his order at once.
- 2nd. worthy, but without cash — endorsed the program and bided his time.
- 3rd. unworthy and out of joint professionally, with many subluxations — began alibiing with subterfuges why he did not get one.
- 4th. unworthy and out of step with the program — to save face, purchased some imitation.

Each fellow put himself where he, IN HIS OWN MIND, knew he WOULD BE PLACED sooner or later; so, rather than let another put him, he did the sprinting hare act by properly classifying himself, by preference. This was and is his right!

Where are the tortoise and the hare? Where are the sprinter and the marathoner?

Here and there an imitation bursts into print, offers free service, continues to do just what he has always done that has permitted himself to classify himself. In a few instances, this has occurred before our neurocalometer has arrived. In some instances, the real and spurious are both working in the same town.

The real resents the invasion of the spurious, and writes us. For him, this story of the sprinter and the marathon racer is told.

The race is still on!

Now comes the tortoise. He looks out of his left eye and sees the hare racing by. How can the hare win this race?

Now comes the worthy, competent, and qualified, with his neurocalometer. He looks out of his right eye and sees the imitator undermining the high standard set by the neurocalometer program. How can he win this race?

The race is still on!

Could we have mapped, planned, and arranged this program with a specific and exacting design, we could not have thot it out as far in advance as it is actually now taking place, to accomplish the ultimate end of our program.

These people who have purposely classified themselves have for some reason or other preferred placing themselves in the class that Chiropractic would be better off without. For the most part, they are of that type that have always more or less, in one way or another, been a detriment and an injury to Chiropractic.

We had placed restrictions around the neurocalometer to protect it from that class and character, so they would not get one. We proposed to believe that Chiropractic would be better off without them, so that Chiropractic might live on in its purity for posterity.

NOW, thru the race of the hare and the tortoise, the sprinter and marathoner, THEY ELIMINATE THEMSELVES — and that is more than we had figured ahead to see that they would do.

The program is working better than we anticipated!

The turtle is winning the race! The hare used bad judgment and fell asleep — he didn't figure far enough ahead! The turtle now directs his story to the hare. The sprinter has run his short space and the marathoner doubles back.

Suppose you get an imitation. Having it, you advertise it, talk it, sell it, build up a demand for its service amongst your patients. You tell them what it is, what it will do. They see you make a reading, see reductions (of a sort). They understand what is taking place. (And the nearer the imitation is to the genuine, the easier the downfall later). You make the IMITATION indispensable TO THEM. You have SOLD THEM the neurocalometer-service-idea, via the imitation.

Every imitation burns incense on the altar of the neurocalometer. Every imitator who changes from no entangling alliances whatsoever, first come, first served, 100 per cent Chiropractors only, offers a final prayer to the wisdom of the neurocalometer program. Their activities but again and again shout from the housetops The P.S.C. and its idea of better Chiropractic service.

During that period where the public mind was in doubt on the patent situation, everybody worth while is or will be getting in on the ground floor of neurocalometer service. Others not so friendly are committing themselves to our plan, policy, and program; and still others wait to see which way the tornado will strike so they can jump to physical and financial safety. Oh, I know you, but it is tribute you pay to the neurocalometer, and it is tribute you pay to The P.S.C. program — if not today, then TOMORROW!

Suppose we come along and permanently legally enjoin you from any and all further and future use of your imitation, at any time in any way. What then? What happens to your practice? What happens to the minds of your patients? They KNOW what YOU told them it would do. They saw what it did do. They have felt decided improvement. Being enjoined, you can no longer render them the service idea you sold them. You have created a demand for a service, in their minds, which you can no longer render. Being enjoined, where is YOUR business going? To the man or woman who HAS a neurocalometer and can keep it working without fear of future molestation.

Is there any good, sound, logical, business reason why WE should not now let you spend your money advertising and building up business for the worthy, competent, and qualified Chiropractors who HAVE neurocalometers?

The quicker you buy the imitation, the more you advertise it, the more business you get from its use, the more of all this goes FROM YOU TO NEUROCALOMETER USER, a trifle later.

Suppose later, getting desperate, you come frantically to us to secure a neurocalometer lease, to save your business. Suppose, then, we tell you that you had the same right to secure a neurocalometer, to place confidence in us, to come here the same as those who did and NOW have YOUR business. What moral rights have you to prevail upon us then?

Suppose, as a penalty, we restrict you for one year for misplaced confidence—where would YOUR business go in that year? The answer is simple—the problem easily solved—it will go FROM YOU TO HIM—to the one who can deliver the service for which you created a demand. When THAT happens, you will feel the lash. Did we do it, or did you bring it upon yourself? Every man fits himself into his proper niche and fills it.

The tortoise on his marathon is now passing the hare on his sprint.

This is but another instance of where the unworthy, unqualified, and incompetent Chiropractor is deliberately, maliciously, and with malice aforethought committing his own professional hari-kari suicide. He shaped his own ends to doing the thing we most desired to have him do.

Every man has a right to cast his bread upon the waters. Some cast it upon the imitation water and it comes back soggy. Others cast it upon the genuine, only to have it return sandwiches.

Any man who buys or sells or uses an imitation works himself into our program, professionally and financially, to the betterment of those who remain in business because they bought the original invention.

This BACK TO CHIROPRACTIC NEUROCALOMETER PROGRAM calls for the elimination of the unfit. Those who are unfit are digging THEIR OWN graves and putting a banana peeling under the other foot.

But there's still another angle to this race.

Look over the schools—here one, there one—many of them are creating imitations.

The minute the immensity of this professional-uplift program dawned upon Chiropractic schools, and every other "Chiropractic" school, that minute each and every such began to put the questions to themselves to find out whether they were worthy or unworthy to continue living. They began to find themselves the same as did the Chiropractors as individuals.

Some of these schools have, in "self defense" gone into the manufacturing field. Others are acting as jobbers in buying and selling—at any rate they are creating a demand for neuroXYZ-meter service in their students' minds; they are building up a clientele, a patronage based upon the neurocalometer service idea. They pay tribute to the neurocalometer! They are teaching it in their schools; they are proving it on their students; they are inculcating the tremendous potential values of the neurocalometer-idea in their minds. They are spending money advertising the idea to the Chiropractic profession at large. They are helping us put over the idea.

It is plainly evident that they HAD to get a substitute to the neurocalometer TO HOLD their business. Not being able to get the NCM, they saw business going to those who could; otherwise, why did they go into the imitation substitution with such fervor and ferocity?

Suppose, then, we legally enjoin this and that school from acting as manufacturer or jobber and further prohibit them from using any instrument which in any way infringes upon our apparatus or process claims—which means more than they imagine at present. What then? What happens in the minds of their students? They know what YOU told them it would do. They saw for themselves. When all this is taken from them, what is the state of their minds? Where is their confidence? These schools can no longer render the service it sold them.

The higher they build the students' minds, the harder the flop when the injunction takes it all away.

Where, then, is that created respect for the neurocalometer-imitation-service going to go? Naturally, back to the neurocalometer.

The answer is simple — the school problem solved — the students will gravitate to that or those schools where they CAN get the kind of service with safety — from the inventors direct. The patients in the school clinic will, because of being educated to it, go to those practitioners in their cities who HAVE neurocalometers and CAN KEEP THEM with no fear of lawsuit.

Is there any good, sound, logical, business reason why we should not allow these schools to go on advertising and creating a demand for neurocalometer service? If it is their wish to spend much money, time, thot, labor, and effort to write, advertise, and travel, demonstrate to create a demand for a service which The P.S.C. can deliver, aren't THEY building NOW a business for US TOMORROW? Why should we stop them, for the present?

Suppose, getting desperate, they come to us to secure a neurocalometer privilege in their school.

They then must square themselves with the neurocalometer program to see whether they are worthy, competent, and qualified; whether what they have been teaching IS Chiropractic; whether their graduates are worthy of a continued existence in the field; whether what they have been calling "Palmer Methods" was ever even tainted with "Palmer", or not. It is painfully evident that their activities in the imitation field were NOT.

The answer is simple — the problem solved — business will go from those unworthy, incompetent, unqualified schools to those who have a neurocalometer service to teach, deliver, and render; from that school which now finds itself unable to deliver, to that school WHICH CAN deliver the service for which these other institutions have created a demand. Then they face the issue squarely as to whether or not there was any excuse for their being in business except to make money. The issue is a fair one and must be met if ChiropracTIC is to live on in its purity for posterity.

This is another instance of where the hare that he was far enough ahead of the tortoise to be safe enough to do anything he saw fit; that the spurt of the sprinter was greater than the long run of the marathoner; hence purchased or manufactured imitations. But the slow-moving tortoise was waddling, and while he was waddling he was thinking. The tortoise was planning the marathon race; tomorrow rather than today.

Meanwhile, the unworthy, unqualified and incompetent "Chiropractic" schools are placing themselves, finding themselves, putting themselves into position with intention. They are deliberately, maliciously, and with malice aforethought committing professional hari-kari upon themselves, and the long-suffering public will get from under.

They have shaped their own ends to doing the very thing we most desired to have them do. Isn't it so?

Any school that manufactures or sells imitations, helps us to more quickly attain the end of cleaning the profession, for he helps us pick out the ones that ought to go by properly putting himself into the classification in which he rightfully belongs.

And the race is still running!

Those Chiropractors or Chiropractic schools who buy neuro-XYZmeters are those who, for one or more reasons, the profession is better off without.

Here and there is an innocent fellow, purposely roped in, but he'll get right quicker than later.

They have placed themselves by doing what they did. That proves the necessity for their elimination. If their business falls, it is because they builded on the sprint quicksand.

To save the pennies today, they commit suicide tomorrow. They thus prove themselves milkers upon Chiropractic.

To sprint 100 yards in 10 seconds today, they forfeit the marathon of 100 miles tomorrow.

They thus prove an inferior judgment that does not deserve a place in our profession.

Men live or die as they prove themselves!

'Twas ever such!

This is the story of the marathoning tortoise and the sprinting hare, modernized in its application to Chiropractors (?) and Chiropractic (?) schools, and done up and put into print by B.J. himself.

(The Fountain Head News, September 27, 1924, TWENTY-SEVEN YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 49

The Story Of EMPHASIZING ONE VERY VITAL POINT

(Fountain Head News, November 22, 1924, TWENTY-SEVEN YEARS
AGO. Published by The Palmer School of Chiropractic.)

Patient enters PHYSICIAN'S office. Physician asks many questions; patient answers them. Patient volunteers much information, etc.

Physician then takes all this data, mixes them well in his mind with medical training and experience he has had, out of which comes an assemblage of systematization called a DIAGNOSIS. Diagnosis is based on HISTORY. After he gets diagnosis, he knows what to prescribe, for it follows certain set and cut rules.

Patient enters CHIROPRACTOR'S office. Chiropractor asks many questions; patient answers them. Patient volunteers much information, etc.

Chiropractor then takes all this data, mixes them well in his mind with the Chiropractic training and experience he has had, out of which comes an assemblage of systematization called an ANALYSIS. Analysis is based on HISTORY. After he gets the analysis he knows what to adjust, for it follows certain set and cut rules.

Physician gets history which leads to diagnosis, which leads to belly. Chiropractor gets history which leads to analysis, which leads to back. Only difference is WHERE WE TURN WHEN WE TURN — one to belly, other to back.

(Fountain Head News, November 22, 1924, TWENTY-SEVEN YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 50

The Story Of

SOME ONE ELSE DOES IT

(Fountain Head News, December 13, 1924. TWENTY-SEVEN YEARS
AGO. Published by The Palmer School of Chiropractic.)

When the neurocalometer was publicly announced in May of this year (1924) we had heard of no other instruments which were supposed to be even similar in their function. Yet, within the short space of a very few weeks, several self-styled imitations miraculously made their appearance in the field; and if we were to believe all announcements, every one of these was as good as, if not better than the neurocalometer.

Furthermore, the men behind production of these articles modestly admitted that their main motive in offering these to the Chiropractors of the country was to save the profession from being robbed by B.J.

Since the advent of these so-called imitations, it has been our policy to carefully refrain from discussing any instrument other than the neurocalometer, and our representatives in the field have been instructed to follow this policy. If these instructions have been carried out, and we believe they have, we can honestly state that no one officially connected with The P.S.C. has ever been guilty of belittling the product of any of these individuals. It is very gratifying to note, however, that others who are not interested in us are perfectly willing to expose the facts in connection with one of these so-called imitations.

It will be interesting for our readers to know that already several of these "mushroom" instruments, for which so much was originally claimed, have become matters of history. Others are beginning to see the handwriting on the wall.

We herewith reproduce an article which has been published in the December issue of Radio News, edited by Hugo Gernsback and published by the "Experimenter Publishing Company," New York. We have received permission from the publishers to republish this in The F.H.N.

"The Latest Radio Swindle**By Hugo Gernsback**

"Since radio became popular, the general public has pounced upon it as the marvel of the age, which truly it is. The non-technical man, if told of any new and seemingly impossible wonder that has been performed by radio, is not at all incredulous, but willing to believe anything and everything as long as the magic word of radio is connected with the new wonder. If it were to be announced tomorrow by some exploiter that by means of a new radio outfit we could live to be a hundred, there would be a huge sale for such an outfit. Indeed, there is very little the public will not believe that cannot be accomplished by means of the marvelous radio.

"We had occasion before to mention through the columns of Radio News a new crop of unscrupulous exploiters who have sprung up of late to take advantage of this public belief in radio, in order to make huge sums of money. In our June, 1924, issue, we showed some of the faking which has already been carried out. It seems that only the fullest and widest publicity can eradicate the new evil with which radio is threatened. To the non-technical man, we give this warning—**IF AT ANY TIME YOU ARE APPROACHED BY A SO-CALLED "DOCTOR" OR PRACTITIONER TO UNDERGO A PHYSICAL TREATMENT IN WHICH A REGULATION RADIO OUTFIT IS USED—SHUN HIM AS YOU WOULD A BURGLAR.** Both operate on the same principle, namely, to extract money from you, with the difference that the burglar should get the benefit of the doubt—at least he is fair minded about it and does not deprive you of your hard-earned money under false pretenses.

"We have to do today with the Wonder (?) of the Age—**THE NEUROPHONOMETER**, manufactured by one George D. Rogers, D. C., Ph. C., former Dean of the Texas Chiropractic College, 1715 Main Avenue, San Antonio, Texas.

"We give Dr. Rogers full publicity on the Neurophonometer so that any individual who desires to know all about the "conductivity of his nerves" can buy this \$50 radio outfit masquerading under the high-sounding name of neurophonometer, for the small sum of \$500—CASH, as advertised by Rogers.

"The Neurophonometer, as our illustrations show, is a regular radio outfit thinly disguised. On the front panel there is a vacuum tube for some reason or other not very clear to anyone, and a Baldwin phone. The outfit looks very formidable to say the least, and the poor victim who is to undergo treatment must certainly be inspired by the sight of the variegated knobs, voltmeter, dials and other paraphernalia which are soon to help cure him.

"The Neurophonometer is of course never sold to private individuals. It is sold to certain practitioners who fall for the humbug and who in turn tickle their prospective victim's spine by means of a 'free' electrode supposed to carry the radio current.

"The following paragraphs are taken from Dr. Rogers' pamphlet:

"The Neurophonometer is a highly sensitive electric instrument constructed to measure the exact conductivity of the nerves of the entire body. The Neurophonometer does not measure the conductivity by a hypothetical point called normal, BUT IT DETERMINES THE VARIANCE FROM THE CAPACITY AND INDUCTANCE OF THE BRAIN (DYNAMO) WHICH GENERATES THE LIFE FORCE OF THE BODY. THE RATE OF THE GENERATION IS THE RATE OF CONDUCTIVITY IF THE NERVE IS FREE FROM PRESSURE. If there is interference with the flow of life force, the Neurophonometer will register the degree. Surface temperature does not alter the efficiency of the Neurophonometer because IT IS ACTUALLY DETERMINING THE CONDUCTIVITY OF THE NERVE. This was determined by locating an impinged nerve with the Neurophonometer under ordinary conditions, then heat was applied over the nerve being tested, then the instrument showed that the heat increased the conductivity of the nerve about one-fourth of one unit; an ice pack was then applied over the same nerve, and the instrument showed that the interference was increased by the cold one-third of one unit. BY ELECTRICAL LAWS THIS TEST PROVES THAT THE NEUROPHONOMETER ACTUALLY MEASURED THE CONDUCTIVITY OF THE NERVE.

"Probably the most important feature of the Neurophonometer is the establishment of the positive normal conductivity of the nerves. This is important, BECAUSE EVERYONE HAS A DIFFERENT FREQUENCY, therefore it would be very difficult to determine an average; even then the test would not be specific. BUT BY DETERMINING WHAT THE INDIVIDUAL PATIENT'S FREQUENCY IS, then test the nerves by comparison, THE TEST IS ABSOLUTELY SPECIFIC AND SCIENTIFIC.

"AFTER THE CAPACITY AND INDUCTANCE OF THE BRAIN HAS BEEN DETERMINED, the free electrode is placed over the nerve to be tested. If this nerve is free from pressure, IT WILL TEST IN RESONANCE WITH THE BRAIN, but if there is pressure it will test BELOW THE CAPACITY AND INDUCTANCE OF THE BRAIN, and the Chiropractor will know the degree of interference to the flow of life force.

"The tests are made with an oscillating circuit that is made audible by the aid of radio principles. Therefore, the test is an audible test, which is six times as sensitive as the most sensitive galvanometer. This, of course, increases the efficiency of the instrument in locating nerve impingements.

"The Neurophonometer is so constructed that the technique is easily and readily mastered, but of course experience increases your efficiency. Its wearing parts are only three, and they are inexpensive to replace and can make all necessary repairs or adjustments. You can learn to operate it in a short while, and practice makes perfect.

"Should you buy one, you will be instructed in its use. Its value or worth cannot be estimated in dollars and cents. However, we have decided upon a fair price, which will always remain at a minimum of \$500 cash. Labor conditions and supplies may make it go higher, but there is little possibility that it will ever be cheaper.

"Don't be afraid you cannot be supplied.

"We guarantee delivery in thirty days. There is no hurry.

"You have until tomorrow to decide, and should you want advice, seek it. Good advice is always desirable.

"The Neurophonometer is constructed and operated by POSITIVE LAWS OF PHYSICS. It will be opened up at any time for inspection by electrical experts, and its every part explained in detail. It can stand the test—it is so constructed.

"The Neurophonometer has been in the process of making for over a year, and it has proved its value to Chiropractic to the entire satisfaction of everyone who has seen the demonstration. The alarmist, the skeptic and the non-believer have all had their fling at this instrument and, strange as it may seem, THE LITTLE VOICE OF INNATE SPEAKS THROUGH THE TRANSMITTER just the same and tells the Chiropractor THE EXACT POINT OF INTERFERENCE WITH THE TRANSMISSION OF VIBRATORY LIFE FORCE.

"Don't discard your X-ray, it may mean dollars and cents to you sometime in a malpractice suit."

Questions Answered by Dr. Rogers

"Q. How does the Neurophonometer differ from other instruments announced?

"A. We have not seen the other instruments. The Neurophonometer is A PROVEN SCIENTIFIC INSTRUMENT WHICH REGISTERS THE LIFE FORCE being carried by a nerve."

"Q. Is the Neurophonometer difficult to operate?

"A. No. The instructions furnished are sufficient to learn to operate this instrument. You will improve continually as you use and operate the instrument, the same as driving a car. It is operated similar to a radio receiver, BUT MORE SIMPLE."

"Q. How long does it take to make a reading or analysis of the spine?

"A. Average, 10 minutes."

"Q. Does the patient feel any shock?

"A. Absolutely none.

"First, the Neurophonometer is not a mere finder of hotboxes. In fact, its functioning does not depend upon surface heat at all. What the Neurophonometer really MEASURES IS THE ELECTRICAL CONDUCTIVITY OF THE NERVE, and inasmuch as science has virtually established the fact that the transmission of impulses over nerves is essentially electrical in nature, THIS MEASUREMENT OF ELECTRICAL CONDUCTIVITY CONSTITUTES A DIRECT INDICATION OF THE ABILITY OF THE NERVE TO TRANSMIT MENTAL IMPULSES. Here we have a direct means of determining the degree of impingement on any nerve.

"The second great advantage of the Neurophonometer is that in giving a reading the operator is guided by his ear. With receivers clamped over his ears, he adjusts the dials so as to get the maximum sound. Such a method is regarded by workers in the exact science as being at least six times as sensitive as any recording device and is resorted to whenever great precision is desired and the nature of the work permits of its use.'

"The parts which have been capitalized by us show the silly nonsense that is being paraded before unsuspecting buyers. If Dr. Rogers sells many of these \$50 outfits for \$500 he should soon grow rich, but it is particularly the crass nonsense of the technical verbiage that Dr. Rogers uses which is so offensive to the man of science. For instance, the sentence:

"'After the capacity and inductance of the brain has been determined, the free electrode is placed over the nerve to be tested. If this nerve is free from pressure it will test in resonance with the brain, but if there is pressure it will test below the capacity and inductance of the brain, and the Chiropractor will know the degree of INTERFERENCE (?) to the flow of life force.'

"If you have ever read any greater nonsense in your life than this, we would like to see it.

"That the Neurophonometer will not only test nothing, but will do nothing else either, is absolutely certain. That it cannot do anything is for the simple reason first—that it is absolutely impossible by any present means to measure the exact conductivity of the nerves of the entire body, as claimed by Rogers. It is impossible for the simple reason that nearly all nerves are embodied in conductive tissues of the human body. If you could take out a nerve from the human body and connect two wires to it, you could test the conductivity of such a nerve. It is impossible with means available today to test the conductivity of anything *WITHIN* the human body for the simple reason that you cannot get at it. Even if you did get at it, it would do you no good. This, for the simple reason that it would be impossible to measure the conductivity of the nerves as long as they are embedded in other tissues of the human body because such tissue is a conductor itself.

"To illustrate this point, it is exactly as if you took a large bundle of bare copper wires and twisted them up into a single solid strand. If all the wires were touching each other it would be impossible to measure the conductivity of any one strand. In the human body such a test would be even more complicated because the different tissues have different values of conductivity.

"It will be noticed that in one of the captions under one of the photographs we say as follows: 'Determining capacity and inductance of the brain—ABSOLUTELY NO ELECTRICITY GETS TO THE PATIENT.' This is a caption taken from the Rogers' pamphlet. If no electricity gets to the patient, how then can you 'measure the capacity and inductance of the brain'? In the first place, you can just as well determine the electrical

capacity and inductance of the brain as you can scientifically measure the capacity for Chinese in the tail of a soused herring; both are equally nonsensical — both mean nothing.

"In one of the other captions, it will be noticed, it says: 'Finding the interference with transmission.' In another part of the pamphlet Dr. Rogers tells us that 'absolutely no electricity gets to the patient', but some of it must get to the poor patient somehow, because otherwise how could you 'find the interference with transmission?' Also, how does Rogers get the interference and how the transmission? All v-e-r-y deep and dark, and all of it PURE BUNK!!!

"But we are at least thankful to Dr. Rogers for printing his pamphlet. It has caused us many a good laugh and anyone who wants to laugh long and loudly, should send for one to Dr. Rogers, at the address we have given. We are sorry that we have been unable to print all of it, but we assure you it is all good.

"In making our \$1,000 offer to Dr. Rogers, we do so light-heartedly. We could just as well have made it \$10,000, for we know it will never be claimed.

(Radio News for December, 1924, New York.)

(Fountain Head News, December 13, 1924, TWENTY-SEVEN YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 51

The Story Of

THE NEUROCALOMETER IS WRONG

(Fountain Head News, August 1, 1925, TWENTY-SIX YEARS AGO.

Published by The Palmer School of Chiropractic.)

"The Neurocalometer is Wrong" was written by a man who faced facts, fairly and squarely. No equivocations, camouflage, evasions or subterfuges.

Each man must, sooner or later, either face the facts or establish alibis.

Bob Kahle is convinced that the majority of Chiropractors are alibiers. They will issue any kind of an alibi so long as it lulls them to sleep and temporarily sets aside the day when they MUST face facts.

He who writes this article is convinced that Chiropractors are given to evading facts. In this article he writes about alibis and alibiers as he has encountered them in his travels, in or out of the offices of other Chiropractors.

He has established here what he finds as the reasons (?) they give for why the NCM is wrong.

It is well worth reading; also read his letter which follows.

B.J.P.

P.S. — As I have frequently said, "Business is a state of mind."

ROBERT R. KAHLE, D. C.,
CHIROPRACTOR
Outlook, Montana

Dear B.J.P.:

While taking a trip last fall, I had the pleasure of calling on quite a number of chiropractors and chiropractoids, and I made some notes, both in my notebook and mentally. After I got settled I looked over my notes and also took stock of the mental notes I had made, and the enclosed is the finished product. It will hit a large number right in their weak spot. It is about the way they talked, acted and

a large number of the offices looked to me. I am not stating that all were such, some of them were up-to-date in every respect, and were thinkers, etc.

No, I did not go into the various offices and tell them that I had a NCM. I would ask them if they had one, or if they had ordered one, or if they intended to buy one, or an infringement. Well, then, if they would say they had ordered a NCM, I would talk NCM. If they would say they would not pay that much for a NCM I agreed with them. If they would say they were thinking of buying another machine, well and good, I was for them. Get the idea, don't you? You know that a stranger can't go into any person's place and get any truth out of the party, no matter what business they may be in, if they think you are against them, but can if a person will swing right in with them.

If they cursed you, I did, too; if they praised you, I was with them. Anything to get what they thought, so I sided in with all, then I would drop a few new ideas and bid them farewell.

Yes, humanity is strange. They don't seem to be able to think for themselves.

Fear — they fear every one, including themselves, and still we wonder why advancement is so slow.

You may ask, is there any hope? Yes, absolutely, the next generation..

If you see fit to publish my "story," I know it will knock over a lot. It will set a lot of them to thinking, as it is their own stuff, shot at them.

Sincerely, as ever,
BOB KAHLE, D. C.

THE NEUROCALOMETER IS WRONG

I well know that quite a number of practitioners will jump right up and say, that guy is nuts. He is against B.J. He don't know what he is talking about, and many more such remarks as they may come to your mind, and I say, you certainly have that privilege. You certainly have the freedom to express your candid opinion, or any other opinion, as far as I am concerned, but listen, please; grant me that same privilege, will you?

I am not jumping at conclusions, I have thoroughly investigated this thing they call the "LAST STEP" and really I have studied harder, to get the fundamentals of this thing named Neurocalometer, than I ever did while at school, or since that time, or ever will again. I have reasoned and studied the thing from every angle, I have studied every piece of literature that Old Palmer or any one else ever put out, in fact I bought one of the things, yes, I have one right here in my office and I am herewith announcing to all the chiropractors on this old planet, and more if they want to know it,

that this contraption, called the latest thing, is all wrong, it is bound to ultimately destroy every Chiropractor and also chiropractic, and I will supply you with ample proof, if you will but read this article.

No, I am not a recent graduate, if I were I may be full of pep, hokum and the latest bunk, and of course, I would not be in a position to state the facts, and to candidly give my opinion, as I would not have had the time to accumulate same, but as it is I have been in the field, no, not corn field or plow field, I mean the chiropractic field, for almost twelve years, therefore, it is obvious that I have had numerous experiences that a lot of you have not had the misfortune of suffering thru, hence it may be advisable and profitable to take heed, therefore I am in a position to know that the NCM IS wrong.

As is manifest, I am not one of those kind of people that move around a lot, or take to new ideas very fast. I am the kind that reasons and thinks and sticks to the job. Yes, I know that fact is self-evident, but then I thought I might draw your attention to it, but you know that any person that can stay in this chiropractic game for twelve years is not a quitter, and has learned to advance very cautiously; if he had not done so he would have been broke. Well I know of a lot of people that are very progressive, in fact I think too progressive. They are ever willing and eager to jump right ahead and take a chance at every thing or anything that happens to come along, and if you will note they are the people that are always looking for something new to work at or with. You know I am not of this type of a man. I am the type that advances slowly but surely, in fact I have found as I stumbled thru life, that is as far as I have gone, that there is no use to investigate any new thing. Let some other person go thru all that expense and trouble and after enuf of them have found it correct, well then don't worry, you will be either crowded up or out. Well I have been in this game for twelve years and I am not crowded out yet; of course I will admit, that when this new machine came out, it did trouble me a lot, but I will explain this later. As I have stated before I am a stickler. If I had not been I could never have stood the many battles of chiropractic all these twelve years, but then be that as it may, I will proceed to state more facts and reasons why the Neuro is all wrong.

You see, it is like this. I must tell you a little of the history of my life so that you will be in better position to understand the facts I am about to present to you.

Old Palmer and I have ben in this old game of chiropractic for a good many years, oh yes it is true that he got the idea first, but then since then we have been growing right along together. Yes certainly, I will not deny the fact that Old Palmer has had a few years the start of me, that is very true, but then I have ben growing so much faster then he has since I started, that I think it is safe to state right here and now that I have caught up with him. Yes, in fact, I will say, Oh I know if he reads this article, that he will condemn me for saying this, but then, I don't care. I am sore at him anyhow, and I owe him so much, well I will tell you about that later, but as I

commenced to say here a while ago, I think it is safe for me to make this statement, that I am way ahead of him, in experience, etc. Now this statement may not sound just right to a lot of you people that do not give anything a second thought, but you well know that Old Palmer has taken a lot of trips, several around the world, and certainly it is wholly unnecessary for me to say that all this time is a total loss to him. Then look at all the time he has lost during the many Lyceums he has given, all this time is lost, to him; and do not forget, just bear in mind that all this time I have been on the job. No, I have not been to any of his Lyceums since I left school, oh no, not that I did not have the time, I have had plenty of time since I opened my office. I am not one of those guys that had to hire a lot of cheap policemen to keep the crowd away from my door, and I am honest enuf to say so. I have had plenty of time to attend every Lyceum, and then have had ample time to do a lot of other things, including a lot of thinking about this Neuro. But, I will tell you candidly why I did not attend any of the Lyceums, I did not have the money. Now that is a fair reason is it not? I cannot find enuf money to attend all the Lyceums and every other thing that Old Palmer can think of. I must pay my office rent, and my board bill, and I must buy a few new clothes once in a while, not so very many new clothes and right here I will tell you the reason why, I do not think it is profitable to dress too well, for more than one reason, which I will voice my opinion on later.

Well then there are all my other expenses that I must pay, or leave town, such as my collar bill at the laundry, no that is all I send to the laundry, I do all the other washing myself. No, I know my laundry bill would not be so very large and I will tell you why. There is no use to wash the clothes all the time, for if you do they are bound to become too clean, and they will show the dirt so much more readily, see? I have found and by experience too, that a person can wear your clothing much longer if not washed too clean and for that reason, I do my own washing, and this certainly is sufficient reason for any thinking person. Well then there are all the other expenses that all of us have every month and well about such as heat, light, water and a new book every few years, and then the disease tracts. Right here and now I am going to give my opinion on these disease tracts. They are a very good thing to hand out to the patients, but they cost too much. I have spent a lot of money for them, I do not remember just how much, but I will say this, and it is a fact, that Old Palmer thru his various schemes, gets about all the money I take in. Yes I know it is a shame, but how can I help myself, and now right at this point, I want to say this is one of the reasons why I insist that the Neuro is all wrong. It is too much money to be forced to pay for the thing; but then getting back to the dis-ease tracts, they are a good thing to have, but look at the price, I know darnwell that I have dished out a hundred or two since I have been in business these last twelve years, and if I had not spent that money for them I would have just that much more in the bank or oh no that's right I would have had it to pay on my Neuro. Well there you go, you can't beat Old Palmer, too many schemes. Well be that as it may, you know as well as I do, that we all get

fooled just so often, and you gotto give it to Old Palmer for that at least, he sure is the guy that can fool us, but here is one doctor that is about all thru, he has fooled me about as often as he is going to, but I will explain this later.

Now let's see, oh yes, more expenses, here is the advertising, I mean in newspapers, etc. Well I took a tip from a fellow a good many years ago, in regard to this advertising. He told me all about it while I was still at school. He told me that advertising was a gamble, that you never know whether you will get any results from it or not, people don't think much these days. So I could never figure out just why a person should advertise, so naturally, I have held my expenses down in that direction, yes, my advertising bills have been very small, in fact I just figured up here a few months ago, and I have not spent over fifty-eight dollars since I opened my office at this place twelve years ago, so it is needless for me to state that I am running my business on a very conservative basis, and this is just one more point in my favor, this is just what I am driving at, that is why I say the Neuro, is all wrong, it really costs too much, to advertise it. Well you say don't advertise, hell you don't have to tell me that, I don't, I am in no particular rush about getting these sick people well, let them stay sick a while and see how they like it, and then here is a good tip, the longer they are sick, the longer it will take them to get well, see?

Just stop for a moment and give this statement a thot. Supposing this contraption misnamed Neurocalometer, or whatever way you spell it, had never come out on the market, you may say, well what about it? Well, I say this about it. Before it came out, this machine I mean, all the chiropractors were doing a good business, and making a good easy living out of it. Oh yes, I know, that not every one in the business were making a million, but then you know, some of the best of us were going right along and were making a good living, and we did not have to worry or fret much about getting a living, and that is more than a lot of people can say this day and age, well any how here we were going strong. Some had as high as three and four patients a week, and most of them were paying too and here comes Old Palmer with that darn Neuro, no, I will never forgive him for bringing it out to the front. Here is my view of the situation, if he really thinks that it is so good, and wanted to use it, well and good, I guess he had that privilege, but why in H— didn't he keep his mouth shut about it, tell me that? Well, it came out to our sorrow, and it just blew up the entire profession. Just as an illustration, I will tell you just what happened in this town, and I will leave it to any thinking person if it is not a shame. One Chiro, over across the street from me bought one of the things, and of course the big fish that he is, he told every body about it, and even went so far as to advertise it in the weekly newspaper here, well he told everybody that came into his office all about the machine, all it would do, and a lot of things it would not do, and I could never see that this certain man had such a wonderful vocabulary, but somehow or other he got all three of my patients to try it. Yes sir I lost the whole bunch, every last one of them told me they were going to try the instrument and see if it really did do as he stated it would,

so away they goes right over to this guys office and of course he forgot all about ethics, he just seemed to forget that I was in town, and mind you, I was here first, but he did not seem to care about that, he even degraded himself so low as to forget about age, can you beat that? No, No, he was a Palmer graduate, sure he was, I saw his diploma thru the window one day. Well nevertheless that is just the way things went around this town, so any thinking person certainly cannot blame me for being sore at Old Palmer. Let me state right here and now, that a lot of things have come true since this machine came out, that I never thot would or could come true, but they have, and one of them is: Whenever or wherever the dollar is involved all friendship ceases. I really did not think that any competitor would stoop so low and do all the mean things he has done, but then it just goes to prove my contention that the Neuro is all wrong. It has ruined chiropractic a lot and it will finish it sure as heck, and this latter statement I will prove later on. Well let her go, I suppose it will be a good thing at that, for then a few of us old timers, the real sincere men and women, can and will build it up again out of the chaos and ruin, and build it the way we want it and the way it should be, I hope by that time Old Palmer will have enuf of this stuff they call wealth, so he will mind his own business, and we can go right ahead and make something out of this chiropractic.

Well I started in to tell you about this Neuro, this person has that has an office across the street from me. He tells everybody that it really and truly, proves and shows, now mind you, who in the world can show the cause of any dis-ease. Well he stated among a lot of other lies that heretofore the chiropractors have been guessing to a certain extent, that they were never positive as to whether or not they had the right major, and that any person that would take adjustments without the Neuro, was just a plain damn fool. He also told them that in the past the chiropractor never knew just when to stop adjusting a patient, yes he went so far as to tell one of my patients, in fact it was the best patient I had out of the whole bunch, that I had been adjusting him for four years and had not gotten him well, and that I could adjust him for eight more without the Neuro and I would never get him well. So he told him to come over and look at it; to come right in and see how it works, as he knew if he would see it, he would be convinced that it would do all that he had said. Well this old patient of mine came right in and told me all about it. I told him not to believe a word of it, that it was all bunk, hokum, goat feathers, horse neck, and plain bull, but then he insisted on going so I could do nothing, but tell him that it was alright for a recent graduate to have one of those machines, as their fingers were not trained like mine were, and that after he had been in the field as long as I had he would throw the machine out of the back door and use his fingers, that I could feel as much with my fingers as any machine could tell, and that I had more experience than he had, and I told him a lot more, some of which I knew was not true but then I had to say something, and I took it for granted that he was telling a lot of lies too. Well believe me, it did not take me long to get to my other three patients, no I mean the other two, as one of them got well in the mean time, that is he told me he did but I

think he lied to me as I saw him going in to my competitors office. Well be that as it may, I lost all my patients, and it was my move, I was forced to act, not because I wanted to, far be it from that, but I found myself in a particular predicament. Now can you feature such luck? Here I had been in the field for twelve years and after these said twelve years of hard labor and heavy advertising and educating the public, speaking to them, no not in public, as I can not think fast enuf to talk in public, but then I can talk very fast in private, oh yes, I know I don't say much, but that does not make so much difference, as most of the people do not think anyhow, and if I did say anything they would not get it, for I have tried it, and I am telling you right here and now, that any time you try to drive home a new idea, it goes over, just like an airplane, so I don't try any more to say too much. Well any how, as I have stated before, after all these twelve years, here comes a fresh fish from school, and steals all my patients, yes sir took all three of them, the whole bunch left me and went right over to this new guy, now just imagine that if you can. Now perhaps some of you thinking people will realize why I say the Neuro is all wrong, and I still insist that it is, and can you blame me? Now you have an idea of what I was up against, I tell you it was my move that's all, this thing had gotten to the stage where it was really serious, with me at least. I was right up against the real fact of starving, seeking another occupation, or spending all my hard earned cash, for one of those new contraptions. Well I reasoned it out this way. If I bought one of Old Palmers machines, I would be in debt to him all the rest of my life, and longer if I had any bad luck at all. So I got to thinking things over, and not having a wife, oh no not that I do not want one, that is not the idea, I could never afford to keep one, yes I hope, some day to have one, well yes I know, you do not have to tell me, I know that hoping, wishing and believing spells, NOTHING, this day and age, but then it is good mental soothing syrup, and I guess I can do such if I please, I don't know as it is any of your business as I have stated before, not having a wife to talk things over with, and you can readily see I was forced to do something, so I used to walk up and down in my office and talk to myself and then go and look out of the window and wait for an answer. Well that is the way I spent most of my time, once in a while I would quiet down enuf so as to go and read a verse or two out of my bible, but even that did not seem to solve the problems, this time, for I could see that this time for once, Old Palmer with his darned machine had it on me; heretofore I will admit he usually asked me for some advice, and I could always out smart him, for after we talked things over, I knew just what he was going to do. See, you don't have to be so very smart to get that point, seeing that he had it on me, I just said, right here is where I will be big enuf to admit it, and there being nothing else to do I did admit it, no no not to him, I should say not, I would not give him the satisfaction of knowing that he out figured me, but I did admit it to myself. Well I was walking down by the river one day breathing in the sewerage breezes, and I was thinking, and what I mean, I really was thinking; I was trying to decide whether I should jump in the river and end it all, or whether I should buy a Palmer machine. I kept on walking however, and the said breeze seemed to act as a stimulant,

and I got a brand-new idea. I just thought why not buy one of the other machines? I had received some pamphlets and a lot of other literature explaining all the details of them, and I sure did read them all thru thoroughly, well in fact I studied more along the lines of the various other machines than I did the Neuro. Now right here is where each and every one of you will and must agree with me, and this is this, the other machines are so much cheaper, and just as good, well I'll tell you my candid opinion is that they are better, no I am not saying much about it to any of my friends, because I do not want to hurt Old Palmers feelings, and then you well know how it is, he is not so very dumb, and if he once gets it on you, with the limited power that he has and then by applying what little influence he has in the field, he may not sell me one of his machines at all; that is why I kept my mouth shut about it, but be that as it may I really could not decide what to do.

You see it was like this, I had sufficient mazuma, or this stuff they call wealth, to buy and pay for one of the other machines, but when it came to buying a Neuro. I just did not have the money, do not overlook the one fact that I have not been in this profession all my life, I have only been practicing for twelve years, and I can assure you that it takes a lot of time and money to educate the public to this new issue called chiropractic, and after you have been in the field as long as I have and have spent as much money advertising, and all the energy I have wasted well anyhow I was just getting a nice start when along comes this darned contraption and blows me all up, and I know I am not the only one that has had that experience; but then that is history now, so I will say no more about it, for it is spilt milk, and it is not policy to cry about spilt milk, I am not that kind, my policy is to go and find another cow.

After due deliberation, and after consulting several of the best attorneys in this town, I made up my mind to buy one of the other instruments, and pay for it, and then it would be mine and I could do with it as I seen fit, and then Old Palmer would not have any strings attached to me all the time I am here and perhaps hereafter, and furthermore if I felt like it at any time I could throw the thing out of the back door, as I do not believe that it has come to stay, it will have its little flurry and then vanish, just as a lot of other new issues have in the past; and then the big issue was, that I would not have the same kind of a machine that the fellow across the street from me has, and by telling my patients more lies than he does, I could at least get all my old patients back, as they knew me, and they know by experience that I am a straight forward, clean, honest business man, and I could not for the life of me figure out just why I did not have as much authority to lie to the people as he had, and the fact of the matter is, I really have more authority, especially to the people in this particular vicinity as I was here first, and certainly this gave me preference right. Well I decided to buy one of the other machines. I got busy again, and wrote to all the agents that had them for sale and asked them to send me all the latest dope on same; and right here and now, I want to say that this is one time I really and truly found out just how big a liar Old Palmer was. I really

never even suspected that of him, and of all the people in this profession I did not think he would try and pull anything on me, as you know, I have stated before, that we started out together in this profession, that is so to speak, and as stated before, by my staying on the job and working hard all the time that Old Palmer has been running around the world looking up new devices by which he could extract the dollars from all of us chiropractors, after we have worked so hard to get them, I think it is safe to make the statement, and I will leave it to all of you sound minded people who read this article, and see if you will not say, before I am way ahead of him. Just stop and reason for a few minutes, before you pass your superior judgment on this issue, consider it well, and I know that if you will check back and check up all the time Old Palmer has been running and buming around doing nothing, there are a lot of us, yes I think most of us, are way ahead of him. But be that as it may, I have presented the facts in this case as they really exist, and you can therefrom draw your own conclusions, so I will drop this part of the subject right here and now, and will continue to give facts and figures proving just why this darned contraption misnamed Neurocalometer is all wrong.

As I have stated before, I read up on all the other makes of machines, as mind you, this is all I had to do right now, and I fully decided to buy one of them, the next best one, I will put it that way as I do not want to hurt Old Palmer's feelings, but candidly I will give you my opinion, I think it is the best one of them all. Well this machine that I had decided on buying, was a scream, it done so much more then this Neuro instrument, and you could fool the people so much longer with it, and then you did not have to be such a good adjuster, not that I can not adjust, far be it from that, I am just as good an adjuster as ever felt of a human back, but then you know how it is, there are a lot of backs that are really hard to adjust, and some days, and especially after fasting for a week or two, I did not have the ambition to give all my patients the best I had; why get them well so soon? But that is not the point I was trying to make, it is this, Old Palmer and his entire staff found out that I was going to buy one of the other machines and low and behold if he with his wonderful printing press ever at his command, did not get busy and got out a lot of stuff about every person that would buy any other machine, would be sure to loose it, and all the money he had made with it and then be sued for a lot of money besides if he used it after he got patents. Now just stop and think where I stood on this vital issue, and if you will stretch your imagination to the utmost, then you may be able to get the smallest inkling of what I was saying to myself and the names I was calling Old Palmer and his whole gang. Here was poor me, with just enuf money in the bank to buy one of these other machines and pay for it, and then I could go right ahead and make some more money with it, and I would be free and independent again and could set back in my office and enjoy life once more. I had it all figured out so nice, when here Old Palmer throws a boomshell right in the very center of all my well layed plans. Now what was I to do? I did not have a large printing press at my command, I could not get out a lot of literature and prove to the world that I was right.

Oh yes I know your argument, I know that Old Palmer and I started out on this Chiro. stuff about the same time but then I was not as lucky as he was that's the only difference. You know darned well that a lot of people, in fact the most of them were born with a silver spoon in their mouth, well a few of us don't happen to be in that class. I for one had to get right down and fight my way thru in this old cold world, and do it all alone too, I did not have a lot of friends that I could go to for advice and money, like Old Palmer had, and I am telling you something right now, that is the only reason I do not have even a larger printing press at my command right now, then he has. I can not help it, it is not my fault is it? How can I help it that he is lucky and I am not? And those are more reasons why the Neuro is all wrong.

As I have stated before, just as I got everything all lined up for a happy future, here I got knocked in the cheek by this line that came from that old printing press, now what was I to do? I was forced to move gain, too bad, yes I know it was too bad, but I had to; SO I done the next best, not having anything else to do, I just took a whole day off and wrote a letter to all my friends and to a lot of the fellows and girls that graduated with me, and I told them just how it was. I put all the cold facts down on black and white, so they could reason things out for themselves, just as I am doing in this article. Oh yes I know I have my faults, that is true of each and every one of us, but one thing I am not afraid to express my opinion, and that is more than a lot of others can say. Well be that as it may, I certainly was very much disappointed when I got the replies to all my letters. Most of the people did not answer my letters at all, and those few that did, say they did not give me any praise, or sympathy, or help, or any new ideas, no h—— no. all I got was abuse, ridicule, and they told me how dumb and old fashioned I was. Now right here I want to say, that no matter what issue comes up, I am not for it, I really do believe in co-operation, but then I do not want to do all the co-operating myself, so I am all thru, no one need call on me for any help, financially, intellectually or any other ally. I just refuse to do any more for any one or any issue, I wash my hands, I am all thru.

Here I was up against it again, my future looked very black, and my big bank roll was sure doomed. Now then tell me, what would you have done? Oh yes I know you would have said and done a lot of things, that you later on would have been sorry for, while in this state of anger, but not so with me, I am not of that kind, I just can't do such things, I always stop before I make a move, and so I did the same thing again. No I do not condemn old Palmer, I am not that small, when it comes to big issues like this one; and then you know how it is I did not care to any how, I just sat down and allowed my memory to drift back into the past, and I could remember all the battles Old Palmer and I had won in the past, yes the past, I could recall many and many a time, that Old Palmer was up against it, and how he would call on me for help, and I always responded, no not always willingly, and not always financially, for I did not have the money, and I think this is sufficient reason for any thinking person, but not being able to help financially, I felt it was my duty to help in any other way possible, so I always

was very liberal with my advice, and I figured it this way, as long as he had plenty of money, and I have an over abundance of good advise, by putting the two together, I was certainly doing my bit to advance chiropractic, and I don't know why old Palmer should kick. I always reasoned it out this way, as long as he had plenty of money and I had none, and I had plenty of advise and he had none, it was far better for me to give the advice, and I think, yes I feel certain, that all of you will agree with me on this one point at least.

Well right here I got very angry, I flew off of the handle, so to speak, and I sat down and wrote to Old Palmer. I just put all the facts right up to him. I went back thru the by gone years, and took him step by step up thru our history. I showed to him, how all these years I had been a great help to him, and showed him, if it had not been for my advice and his money that the profession as a whole, would be nothing; yes I told him a lot of other things, most of them I do not care to put in public print, as I do not want to show him up too much for fear that he may get sore. Well what do you suppose he did? No I'll bet you can't even imagine how he treated me, no sir, I really did not think that he would be so mean to me after all that I had done for him, and when so much was at stake at least for me, but do you think he gave in any? No sir not one iota, he was just as stubborn and bull headed as he used to be years ago; he had his idea and he stuck right to it, he said chiropractic was at stake and he could do nothing for me; he did tell me tho how old fashion I was that I had died, well I guess he must have meant mentally, for I am still walking around; then he told me to get busy and read up on some of the late stuff, just as tho I had not done that; of course he did not know that, but then that is none of my business, he should know what is going on in the field, he certainly has nothing else much to do. Well he also told me, and this is what hurt me most of all, that he would not cut the price any for me, if I did make up my mind to buy a Neuro.

Now think of it how I felt after I had read his letter, just stop and think how you would have felt if you had received such a mean letter from a friend that you had always stuck with thru thick and thin. No sir, he would not favor me, not one cent, so there you are, and mind you on top of all this misery and worry, he told me that he had patents coming to cover every part of the Neuro, and even the use of it, and that every other machine would be an infringement, and that if I did buy one of the other machines, that he would sue me. Now can you imagine the predicament I was in? Here I was right up against a red hot stove, yes right in between two of them and could not back away either. Here is just what it meant to me and you can figure it out yourself. If I bought a Neuro, well and good, I would be in debt to Old Palmer the rest of my life; and if I did not buy a Neuro, well and good I would be in debt to Old Palmer the rest of my life, looks kind of foolish on the face of it don't it? But just reason it out, if I did buy a Neuro, the price being so hi, I would not be able to pay for it right away, and perhaps never so there it is I would be in debt to him the rest of my life would I not? Well then if I bought one of the other ma-

chines, he would sue me for a million or two and I would be in debt just the same, see? Simple isn't it? So I just done like a lot of you other suckers did, I just bought a Neuro, and now I owe Old Palmer directly, see? In other words, I could not beat the game so I saved him the trouble of suing me in order to get me in debt. No use being too stubborn you know, that is not my policy, that is Old Palmer's way of doing things.

Yes I got oné, a Neurocallomeeter, or how ever you spell it, I will admit that I can not pronounce it, saying nothing about spelling it. Any how here it is setting on my desk every day waiting for a patient to come in so that I may be able to demonstrate to the world just how wonderful it is, but not a patient, no sir, not one, and I am really commencing to think that I am the fish, in this deal. Oh no I know you will say, well nobody forced you to buy one, sure I know that too, but then it was as I have stated before, I did not want to go out of business.

I can not see where this thing will bring you any more patients it sure don't bring them in to me very fast. You say advertise it, yes how can I when I have spent all my money for the machine? Tell me that will you? I haven't as much money to spend for advertising now as I had on hand before I bought this contraption. Certainly I will admit that I never did spend so much, but then I did not have to. I was making a good easy living, and I had nothing to worry about as long as I held my expenses down, that is about all I had to do, and I certainly done it, but please do not forget that I did not have the rent on this machine to pay, now that is added to my already overbearing load, and I really often doubt if ever I will pull out of this hole or not, but if I do not, and happen to die before I get all thru paying for it, I suppose Old Palmer will be tickled to death, as he will come and take his darned old machine and all that I have paid on it will be clear profit. Well all I can say is that that is a nice way to treat a profession, at least that is my opinion, and I am not afraid to voice it, and I hope by this time the most of you will see why I say the Neuro is all wrong — every one of them being good reasons why the Neuro is all wrong.

Now in regard to re-arranging my office for this new contraption. This is certainly one big point in my favor, which none of you can deny it takes so much work to get the entire office all lined up, and that is why I insist that the Neuro is all wrong, and before I finish this part of this article I know all of you will whole heartedly agree with me.

I had intended to have my office suite all ready for the Neuro when it got here, but being a busy person I just did not get around to it as soon as I should have; needless to state, you know just how those things work out. Well after worrying, threatening, waiting, and cursing long enuf, low and behold, here one day just when I was least expecting it, here came the darned thing, well not being prepared for it, and here is once more I was forced to move, and this forcing business is what I do not like. I do not mind working, but then I want to do things as I see fit. Well it forced me to get busy. Now I could not set the thing back in some corner, I had to re-arrange my entire suite so as to find the right place for it. This was a

delay, of course it did not make so much difference, as I did not have a million patients a day waiting for me to give them a reading, as I have read a lot of fellows had. No it is different with me, because I tell the truth about it. I have had my instrument now for a long time, I do not remember just how long as I can not now recall just how much the last past due rent notice was, but then I have had it setting here for quite some time and I have not given a single reading; so from my experience I know that a lot of others are not working after dark to catch up on their readings, for I may not be the foremost chiropractor in the world but I also know that I am just a little bit better then the average, so from that I can judge about how things are going in general. Well here came this Neuro, all unexpected, and I had to find a conspicuous place for it, as I wanted to be certain that all of my patients, that is those that I expected, that I was not as old fashion as they had told me I was; so I set it up in this said place and waited for business to rush in. I will have to confess that business was fine, still is, if it was any finer I could not find it; but be that as it may, I had to get all lined up for the rush, how did I know that I was not going to have this rush come? I did not know that my business was not going to increase right away, and I was not going to be like the nigger that missed a lot because he was not ready, that is not my policy, so I started right in to move furniture and fixtures, desks, wash stands, my privet closet, the tub I do my washing in, all my cooking utensils, the sink, the two chairs, well in fact I moved everything in the place trying to get it arranged so it would be handy and look fairly decent. As you know, I may be very busy some day, getting a meal ready, when in pops a patient; how can I tell just when they are coming? I can not afford to hire a cheap boy to stand at the head of the stairs and have him tell me just when some one is coming, so you can see for yourself, that it took a lot of deep thot, to get things arranged so that nothing would interfere with my eats, or business, if I got any of the latter. Yes I know, you do not have to tell me, I know, I would not get any of the former if I do not get the latter, so you got nothing on me yet, see? Well it took me a long time to get everything all re-arranged, as I had to clean up too, that is in some places, where the dirt showed too plain. Now right here let me state that we as a profession, should not allow cuspidors in our office, you may say germs do not cause dis-ease, and you certainly have a right to your opinion, and so have I. Now do not get me wrong, I am not making a bold statement that germs do cause dis-ease, but then we know whenever a certain dis-ease is present the certain germs are there. Oh yes have it your way, I know how you argue, but I guess I can believe as I please, that is none of your business. But getting back to the cuspidor idea, I will not allow any of them in my office, as I do not want those germ carriers around me. Well that's alright, let them spit on the floor if they want to. I saw one man do that very thing right here in my office, but I should worry about it, if they spit on the floor and rub it dry with their shoe, or leave it dry up, then it is gone, see? But if it was in the cuspidor, well there it is and there it would be, just breeding germs for six or eight months until the weather gets warm enuf so that I could throw them out or clean them

depending entirely on how full they are. Now you can see for yourself that my argument in that respect is logical.

Now right here let me say that I was a busy person doing all the afore-said, and it took all my energy to keep at it and not give up the ship, but being in this business for humanity's sake, I will not give up the cause until I drop dead, or starve to death, but then if I starve not one of them can say that I was hording money, they will at least be forced to admit that I died for the cause, so I really do not care so much just what becomes of me, and especially since I got this damned machine and all this past due rent is piling up on me. But then, I guess old Palmer don't care, he will profit by it whether I did or not, as he certainly has me tied up for life, and that is but one more reason why the Neuro is all wrong.

Getting back to this affair of rearranging, I know that quite a number of chiropractors have a nicer and more elaborate office then I have. I will just give you a brief outline of my office suite. I have a nice big waiting room, a swell, adjusting room, fourteen dressing rooms, a private office, my bed room, my living room, then the room I do my cooking in, and a wash room, one for clothes and one for everyday use, a bath room, which I do not use much, and a library. All these rooms are in one, and in the far corner there is quite a large crack in the floor, no I could have this crack patched up, but I do not want to, you see every time I sweep I just sweep all the dirt down in this crack. You see this is the day of economy, and I must economize, and more so since I got this Neuro, and being able to sweep all the dirt down this crack, I do not have to buy a dust pan, see? A nickle saved is a nickle earned, you certainly can not deny that.

Then here is another issue worth mentioning, right here. I do not think it a good policy to have an office fixed up too swell, nor is it a good policy to dress too well. Now I know a lot of you folks that read this will say, well but Louie DeArmand told us so and so. Very true he did he told us a lot of stuff, in fact his entire course is a waste of time but then Louie is entitled to his views, and bear in mind that Louie is being paid a large salary to talk, and he can not get up there each day and stutter and stammer for thirty minutes and say nothing, he has got to say something or go starve to death with the rest of us, but Louie is too smart to starve just yet, after he is found out he will go too; and let me say right here, I have sat and listened to Louie's line of bunk for hours and I have never heard him say anything yet. I suppose some of you fish will write in and tell him every word that I have said, well go right ahead and do so, see if I care, he can never accumulate enough money to come out here and lick me, and I know I will never get enuf mazuma to get back to Davenport, and then on top of all that you would be telling him no news, he knows it. But be that as it may, we do not have to believe all that Louie or any other person tell us, and do not forget that I have had the experience, I know what I am talking about. You see it is like this. If you have a real swell office, and are dressed swell all the time, it is harder to extract this stuff they call wealth from the public, as they will say, well he don't need the money, he has everything

he wants. Oh yes I know a lot of you will laugh at me, and I know my clothes are not the best, but they are paid for, these at least. I could go and do like a lot of others do, just go down and rent a suit, but I do not care to camouflage to that extent. I may rent a wedding suit some day, or a car to make a call on a swell patient, if I ever land one, you see as long as I make my calls afoot they will pay me more readily, as they think I need the money, and then they will say, well he earns it, therefore I will not buy a car on the installment plan like a lot of you goofs are doing, \$2.00 and three promises a day, not me, I would rather spend my time walking as you know it is the best of exercise, and we all set around so much in our office doing nothing, it is better that we do walk once a month or so. I feel the same about an office, it is alright to have the office nice, like mine, but not too nice; it is alright to dress well but not too well; it is alright to keep things clean, but not too clean; it is alright to let a little fresh air come in every spring or two for a day or two, but not too much, for I have noticed that if there is too much fresh air in the office, when a patient does come in, the said air seems to act as a stimulant, and after they have sat there for a few hours listening to you explain the fundamental of chiropractic they suddenly decide that they are not sick and get right up and beat it out. Oh yes I have had a lot of experience in my days, it has not all been roses with me like it was with Old Palmer, but then I am willing to suffer a little as I know humanity needs me in this cause.

But getting back to this office furniture and fixtures, my office is as good as any of them, at least I think so, and as long as I am satisfied, certainly no other person should kick. You may think I am not a business man but let me assure you that I am. I suppose you think I am fish enuf not to carry insurance on my lay out eh? Well you certainly got me all wrong there. I may be dumb, ignorant, foolish and old fashion, at least I have been told that often enuf, but I am not damn fool enuf to have all my life's earnings stuck into a swell office and then not carry insurance, no sir. Just supposing I should wake up some morning and find that the entire building had burned down, with no insurance, I would certainly be up against it for money; but as it is, let her go, see if I care, I will walk right down to the bank, collect my hundred dollars insurance, and I will be setting pretty. First thing I would do with the money would be to go down and buy a new suit of clothes as the policy covers all my clothes, and my cooking utensils, and every thing, and I would not try to save anything either, not me; then they would or could, and they certainly would if they could, cut me down on what I had saved; not me, they will never fool me that way, I can out smart them at this insurance business. Well after I bought the new suit I would buy me a whole new set of cooking utensils, and with the balance of the hundred dollars I would buy an entire new set of office furniture and fixtures, and then I would have a better and nicer office then I have right now, so you see I am not as dumb and foolish as a lot think I am, and quite a number have told me I am.

Then here is another very important point. We have been taught while at The PSC if you can't find a way make one, remember that? Well listen,

if my business don't pick up here pretty soon, I am going to find a buyer for this layout, and if I can't find one I will make one. I will just sell out to the insurance company, let them have the whole thing on their hands, see if I care. I will take the money and go find another location. I would find a town where the competition is not so keen, I would never locate in a town where there is one of these machines, I know that. You may ask, well where is that? I could not tell you right off hand. I would have to take a year or two off and look around, as you well know as I have stated before, I am not one of the kind that acts in haste, I am very cautious. I would just look around and find a good town, with no other chiropractor in it, as I will never again spend all my time and money educating the public to the fundamentals of chiropractic, and then have some other fish come right in and take advantage of all my labor and money spent.

Now this is another reason why the Neuro. is all wrong. Heretofore it has not been very easy for any good chiropractor to go out and locate in any town that he wanted to locate in, as he did have to worry about the keen competition this machine is bringing on. It is true of course, that there always has been some competition, but then I was never afraid to go into any town that I wanted to go into and open up an office. Of course I have never been forced to move until recently, I have always been in this one town, never been out of it since I landed here over twelve years ago. Certainly, I do not deny the fact that I was broke when I hit this town that is why I located here, but then I have done alright here, I have made a nice, good, easy living, and that is more than a lot of other people can say this day and age. I know of some people that are actually starving to death, and I did not read this in the daily scandal sheet either. Well no one can say that of me, at least not yet, so I am well satisfied with the showing I have made for the cause. But be that as it may, it is a fact, however, that it is now, since this Neuro thing came out, harder to find a location, as a person must not locate in a town where there is a chiropractor that has a neuro. for if he does, well you know, I have told you plenty. No I am not afraid to locate in a town that has a chiropractor with a Neuro as my competitor, as you see I have one of them myself now, and if I locate in a town where there is another chiropractor I could and I will make it awful hot for him, as that is what this guy that came here done. He, well, no, he did not drive me out I would not make that statement, but then my business has fallen off so much, and then this is a dirty town anyhow, and the people in this place don't seem to care whether they get well or die, so you see it makes it very bad in that respect, as I do not want any one to die while I am treating them, for if that should happen to me, the other people never would get thru talking about it. They most likely would say I killed him on purpose, because he did not belong to the Klan; well then they would say I killed him because, I was opposed to the Klan, and he belonged to it. So it is. And you know how people will talk, that is why I am so very careful which cases I take, I use an awful lot of judgment in picking my cases, as I have learned that an ounce of precaution is worth any amount of after thought. So you can see from the facts that I have presented to you, that

it really does not pay to gamble in a case of sickness. You know I have learned several things in my life, and one of them is to observe. I have been watching the big corporations, how they do business, and I follow, and use their tactics. You know they hire all their thinking done by the best and smartest men in the world, and you notice how they do business. Safety first is their policy, and they teach it and preach it to the world, but most of the people are too dumb to get what they mean; but not so with me I know what they mean, and I practice it too. Have you ever noticed just how the railroad companies do business? No, well I thought not, so I will tip you off right here. You go in and buy a ticket for some station, where ever you happen to want to go. Well they take your money right there and then, see? After they have your money, and after they think you have waited and cursed long enuf, then if they see fit, in due time, or some other time along comes a train, any kind, sometimes it is a freight, and sometimes a passenger, any kind will do for the public, well then after this said train gets stopped with some hard jerks and bumps, if you are very fortunate you get on, and if you do get on, well then right there is where all service, as far as they are concerned, comes to an end. They think they have done their part. Now then you try and get to your destination if possible. You see the point don't you? Get the money first, safety first, that is their policy. Well that is the way I play it. I get the money first, well then if the patient does die, I am nothing out, I should worry and if they say anything to me, I just tell them in plain English that I have as much right to kill them as any other doctor, see? I ask of you not to get me wrong at this point, for I am not certain that the railroads do business as before stated. You see it is like this: I have never been out of this town, and I have not ridden on a train since I was thrown off a freight at this place, so I am telling what I heard as quite a number, that is two, of my patients have taken trips on the train, within the last ten years, and they told me all about how things were percolating in the outside world, so you see there is more than one way to accumulate knowledge.

Right here, I want to linger for a moment and announce to the entire population on this old planet earth, as follows.

If I must leave this town, and I honestly believe I will move because I never did like this town for more then one reason, well if I do make up my mind to sell out, I will not give the railroads the satisfaction of fooling me, no sir, I will beat them at their own game. I will march right down to the depot with my trunk on my back, buy a ticket, pay for it and then stand right there and tear it up in front of their face, then I will beat it before they get sore at me, and I will walk right out of town, to the next town and so on until I find a nice place to stop.

I tell you my policy is safety first. There are too many people dying with their shoes on, this day and age, in all the mine disasters, auto and train wrecks, and I am not counting those that starve to death. No sir, walking is the safest way to travel, and me for safety first, last and always.

I believe by this time you will agree with me that I have presented an over abundance of facts proving that the Neuro. is all wrong, so I will close this article, by saying just a word or two, in regard to salesmanship. Please do not forget that I have had over twelve years of actual experience, yes I know experience is the best teacher, only it is too expensive, and right here and now, I am going to say a word or two that some of you may not like but it is the truth. Among a million and two other things, this is the one big point I do not like about our present social system. By the time a person has accumulated this knowledge via the experience route, we are too darned old to use it, and thereby profit by same, but be that as it may, it has cost me a lot of time and money to accumulate these facts that I am about to present to you free of charge, and if you can stand it, just bear another minute or two with me and I feel certain that you will profit by so doing.

I am not the kind of person that comes out and tells a lot of lies; that is, I mean, I do not lie when it is not profitable. I also never think of exaggerating anything, I cling right to, well you know what I mean, we got to eat. Oh yes, I know you say spend your money you can't eat it, well you can't eat without it either, so I am of the kind that gets the money, regardless.

But getting back to my experience in this salesmanship line. First of all a person must be an extemporaneous speaker, this means a lot.

Then the second essential step to good salesmanship is to possess an extraordinary vocabulary.

With these two assets ever at your command, it is indeed very hard for the ordinary dumbbell to stick you on any question.

I can recall of several instances in my sad past, where a patient came into my office that really seemed quite intelligent, and they commenced to ask me questions that I for the life of me could not answer logically. Well I could see what was going to happen to me if I did not use this old cranium for more then to set this old hat on, so I commenced to think; oh yes, I know it was not so easy for me to do, but when I am forced to think, I usually can, for a short time at least. Oh yes you can laugh if you care to, but you have nothing on me, for if you were or are so much smarter than I am, you would not be reading this article you would be writing one. But getting back to these seemingly intelligent patients that I started in to tell you about. When they started in to ask me questions, and I wanted a little time to think, I would just ask them, why? Get the point; it forced them to think, and gave me a rest. Well then if they could really think faster then I could, or thot of too many questions that I could not answer, I sure would slip a good one over on them, I would start right in with the freshman philosophy, the old simple cycle, and I would just draw on my storehouse of knowledge, and get old Innate on the job, and by using the best of vocabulary, and being an extemporaneous speaker, it just seems to come natural for me, that part of life. Well by putting all these talents together, I was able to talk so fast and say so much in such a short time that they could

not understand. So they just got up and left, and I stood there talking to myself. Well I guess that is beating them at their own game. I know it is not the best of manners, but then I just naturally refuse to let any person come in my office and make a fool out of me. Well be that as it may, one point is certainly in my favor, and that is this. If this Neuro. had not come out all of us would have more money in the bank, as we would not have to advertise so heavy, and naturally, we would not have to study so hard. Some of you may think that I am not a student, but I want to assure you right here and now, that you are sadly mistaken, I do considerable reading, I rush thru a new book every two or three years, and on top of all the knowledge that I derive from same, I read the Saturday Evening Post. I like to study the advertising in it. You may think I am kidding myself; no, no, far be it for me to kid myself, I always kid the public, if they are dumb enuf to stand for it but I refuse to kid myself; but that is neither here nor there, the point I was driving at is as follows. By studying the Post, you get all the latest in advertising, you can figure out a lot of good tips along the lines of advertising. Say listen, I have a whole trunk full of ads cut out, and if ever I accumulate enuf of this stuff they call wealth I am certainly to do some advertising. Oh yes, I know it is an awful gamble to do so, but then I am a good sport, I really don't mind spending the money if I have it, and right here let me state emphatically that this is just what the Neuro. makes you do. It's all wrong, it is poor business to do so, but then Old Palmer wants it that way, so I can see nothing else to do; but don't worry we will suffer ever after for being so careless and reckless with our money.

But, let's get back to this question of salesmanship and advertising. I have read and studied considerably along these lines, and at one time I really got to the point where I craved knowledge; of course that was a long time ago, but during this spell, I sent in to, oh let's see, who was it, what was the name of that firm, well I can not for the life of me just now, recall who this outfit was, but they stated that they were sending out some real stuff along these lines, in fact they stated it was too deep for the average person to understand. Well right there I took the tip I knew I could understand every word of it, well I will not make the bold statement that I could understand all of it, for being of the ordinary kind, mentally, I mean, oh well what about it, supposing the most of it does go over, if I only understand one tenth of what I read, I would learn a little, maybe. Well I saved up for a few weeks and finally I did get enuf money, so I sent for it. Well I wish you could have seen it when it did come. Say the guy that wrote it must have thought it was a masterpiece, for he sent it to me in an envelope and sealed — can you imagine that all sealed up — but I got busy and read it, then I got right down and studied it, and as usual, I got nothing out of it. Then I read Salesmanship, by Maxwell. This Maxwell person is head salesman for The Ingersol Watch Co. or some other big iron concern, I just forget who he is drawing his salary from, and I have never been able to find out what he is drawing it for. Then I read this book misnamed, Salesmanship, by Louie DeArmand. My god that man has stung me more than any other person I know of, he shoots such a thin line, that I really thot he was

saying something all the time I sat there in seat thirteen and listened to him, but now after all these years of real experience and starvation, I know he was just kidding us students and then on top of all the bunk he told us he forced us to by his book. Well I will not say it is a book, it is a kind of a pamphlet, but that really makes no difference, the one fundamental fact remains, I got stung for ninety cents when I bought that book. No I have never read all of it but I intend to some day and perhaps I will be able to realize ten cents on the dollar on my investment.

Getting back to this Neuro. deal, when this thing came on the market, it just naturally ruined me, physically, mentally, financially or any other way you care to name. I tell you for once in my life I was up against a real proposition, and I knew it was up to me to get some patients so I got real desperate, so I got busy and wrote into Old Palmer once more and asked him what I must do. Every one of us know that he has the reputation of being one of the best salesmen in the world. As for myself I could never figure out just how he got that reputation, as I can't for the life of me see what he ever sold; he did not have to go out and sell food, coal, clothing or any of the necessities of life. If he would have ben forced to sell something real with real keen competition, he undoubtedly would not have made such a hit, but all he had to do was to step right out and sell chiropractic, no competition, nothing to stop him; well who in the hell can't go out and sell chiropractic? I haven't found so much trouble selling it, the big trouble with me has been, I could not find any one to sell it to. Old Palmer was more fortunate then I am, he found a lot of suckers to sell to, but then everybody is not as dumb as we were you know. Right today he could never sell me any, I have too much of it now. Well anyhow I wrote to Old Palmer and asked him in a nice way too, just what he would do if he were me to sell his Neuro stuff, and what do you suppose he wrote and told me?

No I haven't the heart to tell all that he wrote and told me to do, but then it don't amount to so much anyhow, he never says much you know; he just pulled the same old stunt, put a lot of words on paper and then forwards them on to me by mail. Well I may be real dumb, and sometimes I think he is too deep for me, I really get the idea that he is so far ahead of me I will never be able to catch up with him again, but then I check up on myself and I find that I am not so far behind, in fact I am way ahead of him, the old line that he is shooting is all ancient history to me, so I just check away back in the past and get his ideas, and pass it up at that. Now listen, here is what he told me, this was the essence of the entire volume that he sent me, "RENDER BETTER HEALTH SERVICE."

Now can you beat that? Get that; render a service. Well, well. To start with, I would like to know how he knows that, when I can't tell. Furthermore, it is the same old song over again, and that is this: A person must know something before he can talk. Well so it is with this old stuff of rendering a service, you must have some of this stuff service before you can render any of it. Well I am telling everybody that wants to know about it, that I never got any service while I was at the Old P.S.C. and if any of the

students are getting any now they certainly must have changed their system, for a person must have something, before he can sell something, and I for one never got a single box-full of this service to sell. Why the way he talked, no I mean wrote, he sent a whole train load of service out here the day I graduated. Well if he did he certainly did not have my correct address for to date I have not received any of it. Knowing that the west is not so very large, I wrote in and asked him if he would not take the trouble to look it up, as evidently it got lost out here some place, but he never as much as answered my last letter; so for manner sake, I don't write to him any more either, so there the matter rests and I have not seen any of the service arrive at this station, and I will state right here and now that if he don't get some of it out here pretty soon he will not have to trouble himself about it, for I will not need it and I will not be here to pay the freight charges on it when it does come, as I will be starved out. I suppose if I don't pay up my past due rent on this Neuro. he will come out and take that away from me too; well if he does I will sure make it hot around here for a little while, for if I can't find a buyer I will make one; I will sell out to some unlucky insurance company and beat it.

However, be that as it may, I did not learn anything new for the bunk old Palmer sent me, so naturally, I figured I was doomed. I could see myself going back to digging ditches for the city in the spring.

A fellow told me while at school, that any person that would read, think, and ask questions, regardless of the stage of intelligence, was bound to learn something. Well as luck would have it, I remembered that so I got to thinking, and I thot I may read the ads and find a new calling in life. So I got busy and borrowed a lot of old papers and magazines from some of my old friends, and I got busy and done a lot of reading. I spent a whole afternoon reading, one day. Well among some of the other useful stuff I read, I noticed an ad which read that this certain firm would tell anybody how to get rich in, I don't just remember how short a time, but it was less then a life time any how. I well remember that much about it. There I was again, broke as usual, but I saved up for a few weeks and finally I did save enuf to send for it, yes it was all hard earned cash too, but I don't mind spending a dime once in a while if I have it, so in goes my dime, and low and behold, here in a few weeks comes a lot of paper by express. I really can not understand how any firm or individual can ship so much paper for a dime, the express alone was three dollars and some cents, of course part of the three dollars and some cents was C.O.D. the agent informed me, what ever that is, don't matter much, I got all the literature, and I started right in to read, and I read, and I studied, and then I read some more. My eyes finally became so sore and tired that I almost gave up the ship before I had finished. Well I wish I had done that very thing, and I would never have received the shock that I did get when I did get to the end. What do you suppose was on the last page of the last book? Here in very large black print, and I suppose they knew my eyes would be very tired by the time I got to the end, and that is the reason they put it in such large print, and it is a good

thing they did or I don't think that I would have ever finished reading it. Well here is what it stated. Barnum made millions by fooling the public, and remember there is one born every minute and the most of them live. Play Barnum's game of Fool-em Pluck-em and Leave-em, only times do change, and this day and age we must be more polite.

Now can you imagine, a good, straight forward, honest chiropractor reading such as that? I have been in this community for over twelve years and my integrity has never been questioned, only in a few deals. Well you can imagine the ideas I got in my cranium after reading such vile literature. I rushed past the curtain, to get to the living room in my office suite, and found my bible. I got very busy reading it, trying to forget the past, but what do you think? Darned if I did not read the very same thing right in the bible, yes sir, it read as follows. God helps those that help themselves. Can you beet it? And still in this Christian land we have laws forbidding any person to take anything that belongs to any body else. Can you for the life of you imagine such inconsistency? I assure you it is setting me to thinking; there is something wrong, either the bible is wrong or our social system is wrong. Yes it is true both are very old and after due deliberation I have come to the conclusion that both are out of date, they have outlived their respective usefulness, but then be that as it may, I have, I hope, brought to the front the fact that the Neuro. is all wrong, because it cost so much to advertise it.

I could go on and on presenting facts and figures, proving that the Neuro, is all wrong, but I really do not care to make a lengthy article of this one; so as you have noticed, I will continue to be brief. In closing allow me to say just a word or two in regard to the price of this Neuro.

If you readers will just linger for a few seconds and think, you will readily see just why this contraption was put out on the market on such easy terms.

I tell you again, it will ruin chiropractic, and every chiropractor, and if you will just bear with me for a few more seconds, I will proceed to produce the facts as they really and truly exist; not as I would like to have them, or not as they should be, but as they are, and old Palmer is the guy that has caused them to be as they are.

Now I may be dumb, but the difference between me and the majority is, I know, I am dumb; they are not fooling me much in this old game of life, I have lived quite a while, of course I do not know just how much longer I will be able to eke out an existence, but if Old Palmer will just continue to let my past due rent ride, I will be able to keep my machine and in time I will have a whole flock of patients again, just as I had before, and then I will have nothing to worry about. But I started in to tell you just why this machine was put out on the market on such easy terms; no, not right away, I know it took the cash to buy one when they first came out, but then that don't mean anything, I am writing of the present, the past is dead as far as I am concerned, I mean now.

You see Old Palmer got an idea, oh yes, it is true he very seldom does, but he did this time, and it will work out, too, you see if it don't.

You see the rent on this machine is so high, that it takes a good steady income to keep it up, taking into consideration all other expenses. Well the machine don't mean much, I have had one now for quite some time and I look at it every day, and talk to it every day, but to date it has not told me a damn thing, nothing. You must do all the work, and all the thinking just as before; yes I think it is safe to state that we must do more thinking then ever before, and I tell you this thinking is getting the best of me. Well you can see by this time just what I am driving at can't you? You can't? Well you must be awful dumb, if you cant; well then I suppose I will have to continue to go into details.

Here is the idea. You see these Neuros. are going out by the thousands, on this easy payment plan of ten dollars down, I think it is, and goodness only knows how many promises a week. Well he won't tell, so that beats all of us, but after all these machines have been out for a short time, and all the sick are well, then of course not one of us will have any patients. No patients means no money, no money means that we can not pay the past due rent; alright the ultimate out come is that all the Neuros. go back to old Palmer, for do not over look the one fundamental fact, and that is that we can do business with the sick, only; and from what I have read about it, this contraption gets all the sick well in a very few days. Well there you are, get the point? Now just imagine the contrast. Heretofore, I have been adjusting one of my patients for eight years, and he never got well; see what it means don't you? Now then at the rate that people get well, and at the speed these Neuros. are being thrown on the market, it will be just a very few months 'until all the sick people on this old planet earth will be well. I tell you the future looks very black to us chiropractors, for the few that do get sublaxations in the various ways in the future, will all go to The P.S.C. get their readings and in a few days go home well, and all us real chiropractors that have made chiropractic what it is, will be out of a pie card.

Old Palmer will have all the sickness in the world monopolized, and that will be the end of chiropractic as a profession.

I know by this time you get what I am driving at. I tell you this is a very serious proposition, and it is our paramount duty as a profession to save chiropractic for the future, as I for one do not care to starve to death, as it is a long and painful death, and I am not guessing either I have had considerable experience in my time. Now here is my idea: As stated before, I am not in favor of co-operation, but when it is really necessary, well that makes a difference, so I wish all of you that read this article would think things over, and if you see fit we could organize One Big Union and just refuse to use the darned things, take them and thro them out of the back door and allow the public to get well at a much slower pace. We could just throw them out the back door and if Old Palmer wants them let him come and find them after we have thrown them out. I for one don't care what becomes of mine, as it is not paid for anyhow.

Now then, isn't that a bright future for the chiropractic profession? It certainly does look black to me, and it must be so with all thinking chiropractors, of course those that do not think, it makes no difference, as they can never see anything anyhow, no matter what the issue may be, but I can see it coming, and mind you to make matters more complicated, and worse, we can not go back to digging ditches for the city as we used to as I noticed last summer they have machines to do that work now; so tell me, what in hell will we do?

I tell you candidly and emphatically, we will starve to death, and Old Palmer will be setting pretty, he will have all the sickness monopolized, he will have all the Neuros back, and he will have all the money.

Now I just want to say a word or two in my second conclusion, in regard to any more new ideas or contraptions that may be advanced in the future.

I know Old Palmer quite well, and I know he is just full of tricks, and I also know, that he has taken this trip around the world to gather up some more new ideas, now you see if I am not correct. Well let me state right here and now, that if he ever comes out with any more new inventions, or any more new contraptions, or any more new ideas, or anything new, I for one will never speak to him again. As stated before, I have done a lot for him in the past, I have given him an abundance of free advice, and he really did profit by it, but I will certainly be all thru with him if ever he comes out again with anything new.

I do not care to go thru all the grief, misery, worry and suffering, say naught of the starving, that I have in this past year. I don't mind acting because of my free will, but I refuse to be forced again, not me, and all because he came out with this darned Nuerecollemeter, or what in h—— he named it, so no one could pronounce or spell it. Well if ever he comes out with any more money making schemes, that is for himself, I will sure get out of this chiropractic game, I will just politely or other wise inform him to scratch me off of the sucker list, for I will not fall again, no sir, not me. I will buy some electric devices and get busy and do all I can to disrupt chiropractic, as I have nothing to lose, don't you see? And I can certainly ruin him in a short time. Money did you say, well no, I will have to admit that I would not have the money to buy any more stuff with, but then even if I did have I would not spend it with Old Palmer, as he never done so much for chiropractic anyhow, it was the rest of us thinking men and women that have advanced the science. to where it is, all he ever done was to set back and pile up the mazuma. And where did he get this stuff they have classed as wealth? Why from the profession; we were the suckers that gave it to him, so he could go and have a good time spending it. Oh yes I will be forced to confess that he started us out with the idea alright, yes, he educated us, that is true, so we could go out and make his said money, but then that does not mean so much, for if he had not done so some other person would have, so that is not so much credit to him, that I can see.

Well, I have been brief and to the point on every issue in this article. I could have made a lengthy article out of it, by continuing to give the facts and figures, and thereby prove over and over that the Neuro. is all wrong, but I do not want to go too far, as I do not care to hurt Old Palmers feelings, for if I do he may get sore at me, he is such a sore head anyhow, and then you can't never tell, he may advance an idea some day that is really worth something, that is I may be able to make a few dollars out of it, and if he does, well you know how it is, I don't want to be let out on it, but I will say right here and now, that if ever he comes out with any more new ideas like this Neuro. deal, I will not even stop to investigate it as I did this time. I will just condemn him quick, and have it all over with at once.

I HOPE THAT I HAVE PRESENTED ALL THE FACTS AND FIGURES TO YOU READERS IN SUCH FORM AND FASHION THAT IT IS POSSIBLE FOR EACH AND EVERY ONE OF YOU TO SEE THAT THE NEURO. IS ALL WRONG. I also think that it is manifest that I am not a selfish person, I do not care for money, that is not so much of it, I just wanted to prove to you where chiropractic as a healing science, and we as a profession are drifting to. I believe that all of you will agree with me, as I know you have made mental notes, as you stumble thru this article, and it is manifest that I have not written this article for money, I have written it for the sole purpose of saving chiropractic and all chiropractors. In other words, putting it in understandable English, our pie card is at stake, now and in the future, hence, let us think and then act.

(Fountain Head News, August 1, 1925, TWENTY-SIX YEARS AGO.

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CHAPTER 52

The Story Of DEFINING MY POSITION

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
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I know the opinion is held by majority of non-users of NCM that I am opposed to them and against their continuance of practicing as Chiropractors. There is prevalent the idea that, because they do not get an NCM, I desire to eliminate them as practicing Chiropractors.

I am FOR them IF they are FOR Chiropractic. This has been my well-defined position for thirty years. I have always taken the deliberate position of fighting for the rights of all who were handicapped who were trying to benefit their position.

There are thousands of Chiropractors today who have no NCM who ARE my friends, personally and professionally. I know of many Chiropractors who have an NCM who are NOT my friends, personally or professionally. There are thousands of Chiropractors who would jump at the drop of a hat against any person who would impugn my motives, sincerity, or honesty — and many of these have no NCM.

Since my return home, many state leaders have been in conference with me here. They have given me fairly the viewpoints of these boys, and this is the way it reveals itself:

"It is the consensus of opinion of friends, both with and without NCM, that if anything happened to destroy the leadership of B.J. or The P.S.C., Chiropractic would be gone; and with it gone, they would be gone."

"Down deep in their hearts, these good, solid, whole-souled majority have confidence in B.J. to know that HE is sincere, honest, and conscientious in what he is doing to save and to protect CHIROPRACTIC from extinction. They may not agree with this route, or that route, but in the end CONFIDENCE is still 100 per cent. All they question is the wisdom of judgment on certain ways and means to attain that end."

"Chiropractors without NCM still believe in the B.J. they know after thirty years. They are still for The P.S.C. and, should anything

happen to either B.J. or The P.S.C., they would be the first to dig into their pockets to come to the rescue of keeping either or both as the leaders of this movement."

Perhaps a recent experience will clarify:

A secretary of a certain State Medical Board called here recently. He is an influential man. After looking over the school, spending one entire day keeping in touch with our P.S.C. methods; and after spending one afternoon watching the NCM on cases, he came into my office and the following conversation took place:

"In your opinion, what does the NCM do?"

It picks the place where there are pressures upon nerves and proves when that pressure is gone, following an adjustment.

"In your opinion, is it necessary to have this knowledge before an adjustment is given?"

Yes!

"Can a man properly know where to adjust without the knowledge the NCM gives?"

No!

"Then you think that every Chiropractor ought to have one?"

I certainly do.

"Is a Chiropractor doing his fullest duty by society if he does not have one? Is he delivering the greatest service without one? Is he actually delivering the safest adjustment without one?"

No!

"As secretary of the State Medical Board, why cannot you and I hook up our common interests. I will start suits against the Chiropractors who haven't a NCM and if you will testify we can prove them unsafe as guardians of the public health."

Doctor, let us clearly understand each other. YOU are interested only in ELIMINATION OF THE NUMBER of Chiropractors. You say now you want to ELIMINATE the incompetent. I am not interested in ANY ELIMINATION. I am interested in HELPING TO INCREASE EFFICIENCY of those who will qualify themselves to stay in business. I want to injure no one, but I want to help up those who are here and step up the values of those to come!

I hold no ill will against any boy who hasn't a neurocalometer. They come here and visit, we meet, talk, and are as friendly as two cronies can be. Of course, being sold on the NCM, I believe it right. You have a right to your convictions and I respect your position. Because we differ, is that any reason why we cannot be friends?

Today, I am just as much for the man WHO IS FOR CHIROPRACTIC, as I have ever been.

I know many of my real, genuine, true-blue friends (way down deep) are alibiing on the surface. They know that I know an alibi, but they alibi because they think I am against them. When my position as a friend of theirs is cleared up, there will be fewer alibis floating about in the atmosphere and we will talk plainly yet honestly to each other, and again work for the best in Chiropractic.

Given time, I am as certain that you will see the great field for the NCM as you have come to recognize the great field for spinograph — both being children of mine FOR THE GOOD OF CHIROPRACTIC.

Occasionally, I get some very mean and nasty letters. I have aimed to answer them firmly but kindly. Following is a sample:

"Dear B. J. Palmer: Before you came out with your fake instrument, the NCM, I had a lot of respect for you. Now I put you in Dr. Abrams' class. You have gotten the Chiropractors' money with your high-powered salesmanship, but do you think money gotten that way will really ever do you any good? I don't think so. You got the money you were after, but was it worth losing all your friends to get it?

"Before long, I expect to see The Palmer School of Chiropractic go out of business because of the NCM. If it was not all a crooked game, you would return all or part of it to all who are dissatisfied with your 'wonder instrument.'

"I expect to place mine on a shelf as a warning that I must not have faith in anyone any more, where money is concerned. I am not using it at all. I am ashamed to pass such a fake along to the public.

"Yours truly,
_____."

"P.S. Please don't come to _____ to give one of your honesty is the best policy lectures — it wouldn't sound good."
_____."

Davenport, Iowa, July 18, 1925.

Dear Doctor:

I want to personally thank you for your frankness in writing me. I get far more letters written me just as frankly, boosting the NCM. I am convinced that when 65 per cent of our users boost it, then there must be something wrong somewhere with those who do not see it.

I have instructed our proper department to see that our technician calls upon you and helps you in any way he can. I know you are sincere, and I know that one gets discouraged and sometimes writes things that later on, when he sees the light, he changes his mind upon. I know you are honest because only an honest man will really write what he thinks. Being honest, you want to get the results you are entitled to, and I do want to see you get them.

Chiropractically yours,

B.J.

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CHAPTER 53

The Story Of

"HAND-ME-DOWNS" OR TAILOR MADE?

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
AGO. Published by The Palmer School of Chiropractic.)

There was a time when any old sort of a "hand-me-down" adjustment was good enough. Now we cut the goods to fit the individual. We tailor his suit to fit him. We measure him and fit the material.

Moves? We used to manufacture them wholesale, deliver them by the job lot, and throw them on the patient whether or not they fit. And we had a regular stock of a score or two which we handed out just like so much of a hand-me-down.

Today, patient comes in with subluxation and pressure. It is up to us to use our tailoring instruments of precision and cut our knowledge to fit him. We must find out just where his pressures are, then spinograph and know just what position subluxation is in. Then we have to make an adjustment that fits that sort of thing.

There was a time when we could slap "moves" on a patient's back and get away with it. But not so now. YOU may give your patients that sort of thing, but the man in the next town has a neurocalometer and HE will check YOU. Too much of that sort of checking means ruination.

Today, every move is being measured. IF a move REMOVES PRESSURE from nerves, then it's a good move. If it does not remove pressure, then it's a dangerous move.

In the past, we have been "measuring" the value of moves by whether or not they were easy to give; whether or not it cracked them because you had a greater leverage, etc. There are hundreds of reasons given in the past as to why YOU preferred this or that move to some other. All those reasons are now IN THE DISCARD.

THERE IS ONLY ONE REASON TODAY WHY ANY MOVE SHOULD BE USED, viz., WHETHER IT DOES OR DOES NOT REMOVE PRESSURE FROM NERVES. IF IT DOES, IT IS GOOD; IF IT DOES NOT, IT IS DANGEROUS.

An incident will explain what I mean:

In our NCM clinic the other day a certain student preferred a neck twist to the recoil. He said he could "move it that way and he could not the recoil way." As a lesson to him, we let him go.

1st. He tried the recoil and didn't get his reduction. It was an atlas, right, eight points.

2nd. He tried the neck twist and, with glee, told his instructor to see "how nicely he got the reduction." He did have the ATLAS reading reduced.

The instructor, having been over this phase of work so much, quietly picked up the detectors and went down ENTIRE SPINE of patient, only to find that ATLAS was reduced but FOUR NEW PRESSURES had been created BELOW. This instructor then adjusted atlas, a la recoil, and reduced ALL readings. This was a tailor-made adjustment to fit this patient.

Had we permitted this student (and the same thing happens in the field everywhere) to stop with his mere check of atlas, he would have been satisfied that he got his reduction WITHOUT PRODUCTION.

The recoil gets reductions without productions if done correctly. Almost all fancy moves and neck twists PRODUCE OTHER PRESSURES, even tho gaining local reduction. Check entire spine and be certain.

Today we have a standard measuring stick by which the value of every move is established. It is the neurocalometer.

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CHAPTER 54

The Story Of IT'S HARD TO REVERSE

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
AGO. Published by The Palmer School of Chiropractic.)

When an automobile is going full speed, straight ahead, and danger is sighted, it's hard to reverse, come to a dead stop, and then back up — even though by so doing it saves human lives.

Same is true with Chiropractic as the car, and Chiropractors as chauffeurs for the sick who are passengers.

For thirty years, The P.S.C. has been teaching economy of time in making analyses and giving adjustments. Graduates have builded their businesses upon the premise of how many and how quickly they could adjust in a day. Up to a year ago, practices of fifty to two hundred patients a day were fairly common.

To have two hundred patients a day, at \$1.00, was better than fifty at \$4.00, because the number of people served was greater and the knowledge of Chiropractic was spread into more minds.

After thirty years, the Chiropractic profession is established upon how many, how quickly.

We of The P.S.C. are to blame for the condition. We developed it that way; we taught it that way. We knew no other way. We thot that way best. We thot it contained all the proper elements for service to sick humanity. It was the best we knew THEN — so we have no apology to offer.

But history moves forward. It cannot stand still. Development follows development. Progress discovers something more today than was contained in our understanding yesterday.

The NCM was discovered, and with this one discovery came many others. This one step forward threw great light upon the darker steps of yesterday. It pointed out many new paths for tomorrow that supplanted many old paths we trod yesterday.

We have found a better way. That better way has proved that many of our older ways were fraught with dangers, the quantity of which we did not know until the new way became established in our minds.

Seeing dangers squarely ahead, there was nothing else to do but to post warning signs of no small dimensions and language, then begin instructions in that method which was not only better but far less fraught with failure to get the sick well.

To reverse to a smaller number of cases and to increase the price proportionately to produce same income, or even more, is a hard thing for our profession to think, much less accept and work into their daily routine.

But it is inevitable!

The better method demands more time be spent upon each case, consequently a less number of cases per day can be taken care of, hence the establishment of a monthly health service with attendant higher rates to cover loss and to increase profit.

If I still desired to take care of fifty to two hundred cases per day, I would hire an NCM technician to make readings, same as I would hire a spinographer to take, develop, and read films; same as I would hire a receptionist to meet and talk to patients and direct them how, when, and where to get ready for adjustment. A large practice requires that it be more than a "one-man" practice.

There is one way by which we can still go on full-speed, straight ahead, and that is to hire one person to keep the car in condition (receptionist), another to drive (NCM technician), and still another to study the road map (spinographer, on spinal road).

Chiropractic practices have now reached the state of development where more time is being given to cases and larger fees are charged to cover overhead. It has taken almost one year but the successful Chiropractors are seeing the handwriting on the wall and are reconstructing their practices. Hundreds HAVE changed. Thousands WILL change.

This reversing process, from full-speed, straight ahead, to a right-about-face change in opposite direction, is a hard one, as some Chiropractors have found out. THEY have mastered the problem; other Chiropractors can master it also. ALL can, if they will.

The P.S.C. with all its resources is here TO HELP EVERY PERSON WHO WANTS TO BE HELPED.

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
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CHAPTER 55

The Story Of SEAS, SAILORS, AND COMPASSES

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
AGO. Published by The Palmer School of Chiropractic.)

Once upon a time all men who sailed the high seas went by luck and chance, hoping they would go from here and get to there, more than once, without missing it. If they did, it was blind stumbling. Many must have been the times, starting out for a certain objective, they began groping about, mile after mile, hoping to eventually land. In those days, sailors had small boats, kept close to shore, and went only short distances — more than that was not safe, **ALL BECAUSE THEY DID NOT HAVE A COMPASS.**

In fair weather, sailors always had a natural guide — the sun. But the majority of days had foggy and stormy weather — then something **ARTIFICIAL** had to take the place of the sun.

Then came the inventor who saw the necessity for the obvious — **A COMPASS.** I can see him now, gathered around some shore grog-shop, steins around, explaining what it is, what it will do, to a group of seasoned sea-salts who had long held the opinion that because they **HAVE** sailed the seas for years they **KNOW HOW** to sail the sea better than any upstart who now has a machine which, it is claimed, “can do what we can’t do with our brains.” It is easy to picture those grim-visaged, weather-beaten sailors putting the crimp in that inventor and killing his ideal of service. I can even vividly imagine groups arguing ways and means of killing it.

But here and there is going to be an adventuresome sailor who will sneak one on board “to try it out.” He knows **WHERE HE WANTS TO GO.** He figures out **IN HIS MIND** which direction he **SHOULD BE** headed. The compass points a different direction. Then comes doubt in his mind, “because the compass might be right.” Then comes still another doubt that “I am right because no machine can do that which thousands of us have been doing, mentally, for years; and no compass can take the

place of brains." So human complexities, doubts, and fears enter and soon he doesn't know what to believe or which direction to take. Sooner or later he must decide to follow either his brain or his compass, or else he must stay in port and never go. Whichever way he decides, that determines where and when he will arrive — if he ever does.

He can wait until "fair weather" comes — until the sun shines — BEFORE HE STARTS. But, once upon the high seas, he does not know what hour the sun will cease to shine, what moment a storm may arise, or how long a fog may hang on. Then is when he needs SOMETHING MORE than the sun.

Due to travel north, he looks at his compass. It tells him where north is. Suppose he calls it a liar and the man who sold it to him a grafter, and refuses to take ITS advice — how far north would he be getting? He'd be a long time arriving, wouldn't he? Then suppose ten captains of ten ships met, ALL THINKING THE SAME WAY — would that fact get those ten men any closer north? When they multiply their number, they multiply their weaknesses and they also gain ten times more conceit because each bolsters the other into a stronger conviction of the righteousness of their private opinions. They help to convince each other that what EACH thot is right AND THE COMPASS IS WRONG.

Imagine a group of sailors trying hard to console each other by telling the other fellow where north is — none believing the compass, none believing in himself, none believing in the other — yet trying to kid each other by patting each other on the back and telling each other the other fellow is right, when each knows HE isn't.

Due to travel north, he could look at the sun (WHENEVER THE SUN WAS SHINING) and he could determine north. But how long is the sun going to shine? Again the doubt and fear enter, and he wonders if it is safe to start, to go anywhere.

How different the sailor, when his mind is settled upon the fundamental that the compass IS ALWAYS RIGHT, is honest, speaks facts, KNOWS what it is doing, and the needle is directed by an immutable law.

Today, every sailor must have absolute confidence in the compass or quit the high seas. No captain of ANY ship could

or would last if he everlastingly damned his compass or "put it up on the shelf", saying he knows where north is better than any machine; that HIS eyes could see north better than any machine could point it. With every captain having a north of his own, we would soon have a few thousand norths and sailing the seas would be impossible.

The opposite of all this could be true, when the sun was shining; but what about those many times when fogs, storms, and cloudy weather prevail? Then THE COMPASS IS INDISPENSABLE.

Can you imagine what sailing the high seas would be, WITHOUT a compass? They did that very thing at one time.

Chiropractors were just as bad off ONE YEAR AGO as sailors were before the days of the compass. Chiropractic still has "sailors" who try to sail without a compass, even tho they stay close to shore. Some get adventuresome and go out to sea. Many of them never return.

In "fair weather" in the minority of cases, their methods work WITHOUT an NCM. They have a natural guide — the meric system. Minority of times it works on minority of cases. Chiropractors have foggy and stormy cases, rains, and nights when meric system is ENTIRELY occluded. Then is when something ARTIFICIAL must take the place of "the sun."

Then came the inventor — that chap who saw necessity for the obvious — the neurocalometer. I can see him now, gathering a group about him in an office, explaining what it is, what it will do, to a group of experience-seasoned Chiropractors who have long held the opinion that, altho they have been working for years, they knew the last word had NOT been said, written, or printed on HOW TO CHART HUMAN SPINES TO PROVE THE LOCATIONS OF PRESSURES UPON NERVES.

Then, he who saw the vision came. Here was an instrument that would locate pressures upon nerves, regardless of whether the sun shone or it was cloudy, stormy, foggy, or darkness had settled about. The man of the hour arose who could see its value not only in the majority of cases WHEN THE SUN WAS NOT SHINING, but also in the minority of cases when it DID shine.

A Chiropractor's compass has been invented. Any Chiropractor can get one; he can apply it in all kinds of cases AND KNOW WHERE "NORTH" IS ON EVERY CASE, when he sails for the port of health.

Then came the presentation of that Chiropractor's compass to the profession. It has been followed by the same complications that arose when the mariner's compass was presented to sailors.

There can be but ONE north — the place of pressure, and that is wherever the "needle" indicates. WHERE is it? The "needle" will speak. The compass and the "needle" speak the direction of our destination — and that is the safe way to arrive; the other way is for us to tell IT where north is, and if it should point otherwise, then we should put it "up on the shelf", call the seller a "high pressure salesman" who "forced it down our throats", and go on finding "north" our own way, even if it doesn't agree with the compass — the neurocalometer.

In one test examination we graduated 425 captains, all trained in the non-compass method, ready to sail the high seas of the public highways with thousands of passengers on board. They expressed 7,841 opinions as to where north was on 19 specific ports they were directed to describe how to get to. Only 14 said they would follow the guide laid down by a compass. No wonder we have thousands of Chiropractic ships on the bottom of the sea! They would attempt to sail the seas without a compass. We have thousands of Chiropractic ships out on the gulfs and bays now, who refuse to take a compass on board. They are destined for the bottom of the ocean beds, except for the sailings they make when the sun shines.

Then there are sailors who have a compass who are constantly telling IT where north is. Should it refuse to point its "needle" to comply with what THEY think, the Chiropractic compass is wrong; so are the man who invented it and the man who sold it.

Then there are sailors brave and bold. They KNOW the compass is right. They follow it. They strictly abide by its findings, rain or shine, bright or cloudy. They have diligently applied themselves to know HOW to read the Chiropractor's compass. (It is well known that it takes much diligent application to know how to intelligently read and apply a mariner's compass.) They bring these passengers into port, safe and sound. When they left

home, THEY KNEW where they were going; they headed DIRECT for it and reached it, saving time by breaking all records between those two objectives, because they headed straight and made no devious ways around.

How many Chiropractors without a compass try first this direction, then that, and keep on trying ALL the directions and rules; then, whenever they DO hit a port, it is liable to be a wrong one?

Now comes a case of "heart trouble" — at least, some specialist in diagnosis has so pronounced it. Case goes to a man who has a human-compass — a neurocalometer. A complete reading is made, excellent technique is used. No pressure upon nerves is found at or around "heart place". "Needle" does not read "north" in that locality. However, pressure is found above that, and others below; and when the one above is adjusted, it checks out ALL. Man who does not believe in compass, yet uses one, says: "Case complained of heart trouble, and there was no pressure at heart place."

Physician diagnosed it "heart trouble" and Chiropractor believed him, hence got started on wrong foot. Human-compass did not find any indication of pressure there. Then Chiropractor used compass which spoke the truth, WHICH SHOWED WHERE NORTH WAS; and because it did not agree with physician (who had no compass), and did not agree with sunny-day meric system, Chiropractor called it a liar and headed squarely in wrong direction.

"Case complained of heart trouble." Compass found no pressure at heart place, so Chiropractor palpates, finds some irregularities or misalignments IN REGION OF HEART PLACE, and adjusts it anyhow, "because there must be something there." Because he adjusted where compass told him TO STAY AWAY FROM; he might have produced a pressure where there was none indicated by the "needle." No wonder he directed that human ship into a wreck. No wonder he writes to the maker of the compass and tells him what he thinks of him and it. It WOULD work, it DID work, but Chiropractor refused to take its advice. He preferred diagnosis of physician; preferred hunting and adjusting where there was nothing wrong. THE OBVIOUS IS THE LAST THING —.

When this human compass points NORTH on human spine — then that's north, and you must follow it rain or shine if you expect to arrive at a definite, exact, specific certain port on schedule.

Mariner's compass has made possible exploration of world, travel into distant lands, and has discovered worlds heretofore unknown. Chiropractor's compass is opening up new planets of thot, taking us to greater worlds to conquer, and making travel safe with assuredness that we can go, rain or shine, whenever we want to, and return within a definite course, with exact knowledge when we can return.

Today, seas are patrolled by mariner's laws equally as strong as are the laws which govern traffic on land. How long would a captain be permitted to guide a ship, or how safely could he do so, if he refused to follow the dictates of a compass? How long would he be permitted to guide human freight without one, from port to port? No ship is permitted even to clear port without a wireless, to meet the exigencies of trouble should it arise.

How long will Chiropractors be permitted to be captains of ships, clearing human cargoes from port of sickness, headed out to sea, without a compass to direct them to port of health? They, too, will be governed by laws just as strict when it becomes known that there is a compass at their command, by which many refuse to be guided. Laws WILL come that WILL demand that every possible protection be wrapped about THEIR ship and its passengers, as are those at sea.

It is impossible to conceive of any sailor taking to sea today without a mariner's compass. Ten years from now (1925) it will be equally as impossible to conceive of any Chiropractor sailing into a human backbone without a Chiropractor's compass — a neurocalometer.

THE OBVIOUS IS THE LAST THING.

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CHAPTER 56

The Story Of

THE ELEPHANT AND THE KITTEN

(Fountain Head News, September 5, 1925, TWENTY-SIX YEARS
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A large circus showing recently in Chicago used elephants to haul the other animals from their cages to the rings. One night a big elephant had just arrived at the middle ring with his train of animal boxes when all of a sudden the huge beast let out a loud screech, turned, and dashed furiously out of the main tent, wrecking several peanut stands, some seats, and scaring people as he went. His arrival in the stable tent threw the other elephants into a furor and all the skill of the trainers was required to restore peace and order.

And what do you suppose caused it all? A little black kitten jumped across the elephant's path.

A lot of people are like that elephant. They go along nicely enough so long as everything runs smoothly, then let the least obstacle or difficulty arise, and off they go. They lose their heads, get excited, worry, and are defeated in their purpose.

An elephant is so big that one wonders how he could even see a tiny kitten. But he is no bigger in proportion than a lot of human beings are as compared with the tiny trials they let upset them. Elephant's body is relatively no bigger than human's intellect; his physical strength is relatively no greater than human reason; but, like the elephant, many men and women are utterly helpless the instant things hit a rut or life starts on the upgrade.

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CHAPTER 57

The Story Of

A NECESSARY RECONSTRUCTION OF FUNDAMENTAL PRINCIPLES

One of Most Important Articles in Recent Years

(Fountain Head News, September 26, 1925, TWENTY-SIX YEARS
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Solution to problem herein contained has worried me for more than a year. I have worked on it for a year, to solve it. I consider the reconstruction herein laid down about as important as any presented since the talk on the neurocalometer delivered at Lyceum, 1924.

Four words are defined so that we may start on a common understanding:

“YESTERDAY” — meaning thereby those days BEFORE the NCM was known, studied, or applied to Chiropractic work.

“TODAY” — meaning since the NCM has been developed, science of technique deciphered, application to cases with its attendant observations; and its ultimate effect upon Chiropractic as a philosophy, science, and art, as well as Chiropractors as a professional body.

“IGNORANCE” — absence of knowledge, presence of which would make us “educated”; application of which would give us “wisdom.” All of us are “ignorant” of our “ignorance.” If it were not so, there could be no ignorance. All of us possess that education or wisdom which others do not possess, therefore the difference between educated, wise, and ignorant people.

“EDUCATION”, or “WISDOM” is the possession of that understanding or application of reasoning which causes us to refrain from doing those things which “ignorant” people do.

Ignorant of yesterday may be educated tomorrow. Incapable today may be wise tomorrow. We can be innocently ignorant and continue doing wrong thing, thinking it is right. And one may know right thing and refuse to do it — he is consciously a criminal.

A vertebral subluxation — YESTERDAY — consisted of a study of three or more vertebrae in their normal juxtaposition; AND a comparative mental study of three or more vertebrae from their abnormal positions as we interpreted their positions gained thru visualization, palpation and spinographs.

Between normal and abnormal was a mental degree of position and location between maximum of normal to present maximum of abnormal. Interval of time between former normal and present abnormal position and location might have been seconds or years, according to whether acute or chronic as to degree, pathology, etc.

So far as the understanding in this article is concerned, I shall call this THE SUBLUXATION OF ACTUALITY.

A vertebral adjustment — YESTERDAY — consisted of a continuous effort upon part of Chiropractor to keep working with, to keep repositioning subluxated vertebra for a period of months or years, or until that time arrived when he thought he had placed vertebra back into its fullest maximum normal position.

For example: With a curvature, Chiropractor's sole endeavor was to replace individual vertebrae until such a time as spinal column was STRAIGHT laterally with its normal curves superior and inferior. No thought had he of ever stopping until he could no longer palpate or spinographically see any deviation of any vertebra from normal. He thus believed that when fully restored to normal maximum position, he had then — AND NOT UNTIL THEN — released pressures upon nerves to permit restoration of mental impulse to return health to sick organ.

Upon this theory, all of us have gone on adjusting a single person, a certain area, or upon a certain subluxated vertebra for months — in many instances, for years, IF we could get the case to continue.

Yet, all who studied into the question beyond the mere surface of making a living out of adjusting subluxations have been well aware that the palpation and spinographs have revealed same actual position and location, after months of adjusting, as existed when we started, except in some isolated cases, but nevertheless true in majority of them.

By this time some of you are raising the question, "Even tho what you now say is true, we have gotten many sick people well in spite of the fact you now bring forth." You are right in this assertion.

Let me now present new angle:

Subluxation question must now broaden. For purpose of clarity, let me suggest that there are TWO kinds of vertebral subluxations:

- (a) subluxation of actuality (which has been defined);
- (b) subluxation for adjustment purpose only.

With that variation also comes a difference in adjustment to correspond. One of the many leaders in past years has made a keen distinction between an "adjusting" and an "adjustment," claiming that the things done DAILY are "adjustings", and when the job is complete replacement from present subluxated position to former maximum normal position, then an "adjustment" has been given.

Until the advent of NCM, this was a difference without any scientific deduction of distinction. It was a theory without proof to prove itself.

"Adjustment" of "yesterday" took months or years.

"Adjustment" of "today" takes days or weeks.

"Adjustment" of "yesterday" was based upon a complete restoration to complete normal position.

"Adjustment" of "today" is based upon sufficient replacement to PERMANENTLY RELEASE PRESSURE, and with no other object in view, for when THIS has been accomplished we have accomplished ALL that IS NECESSARY to liberate mental impulse flow, to let Innate get individual well. That is the end sought, the object attained.

"Yesterday" we thot, without other than mental deductions, that it TOOK MONTHS AND YEARS to complete replacement to position in situ to release that pressure.

"Today" we KNOW, with scientific proof given by NCM, that pressures can be and are permanently released in days or weeks.

"Today" we KNOW that we are restoring health WITHOUT REPLACING THE VERTEBRAL SUBLUXATION BACK INTO ITS FORMER NORMAL POSITION.

To adjust the vertebra just enough, just long enough to permanently release pressure is the "adjustment" of "today" upon the "subluxation of actuality" of "yesterday."

Our concepts of a vertebral subluxation remain the same. Our concept of what constitutes an "adjustment" has changed. No longer do we need keep hammering away until we have "put it back where it belongs". We now adjust "until pressures are permanently released" AND THEN STOP. And how can we tell WHEN TO STOP? Only with the concise information given by the exact use of a correctly scientific, accurately adjusted, reliable neurocalometer.

We now solve, for first time in our history, that old bugbear problem about adjusting a case that was sick, for months or years, and, whether the case got well or worse, subluxation still remained as palpation seemed to prove, and spinograph DID prove.

We have been innocently but "ignorantly" adjusting the subluxated vertebrae BEYOND necessity of releasing pressure upon nerves. Hence we have been "ignorantly" dangerous because we were introducing the doing of that which was unnecessary which meant THE PRODUCTION OF PRESSURES rather than their reduction.

Any action based upon "ignorance" which later, based upon education, we would not perform, is dangerous.

Without the knowledge given us by NCM, we were "ignorant", even tho innocently so. And in this respect I would not minimize my guilt, for I have been more guilty than all of you, for it was I who taught all of you those things, in that way, to that extent; therefore, my individual guilt is the sum total of all your guilts.

With knowledge given us by neurocalometer, we are "educated". With that education we now know that all adjustments given beyond that necessary to permanently release pressures are unnecessary, therefore dangerous. And in this respect I could not maximize my guilt, even tho deliberate, if I were to go on as before, knowing the difference. It is MY duty to myself,

to you people, and to the public at large to present the bold facts which are so indisputably before us that we might do right by ourselves as well as by them.

The neurocalometer is giving us a new insight into the service we must render to the sick. We need the neurocalometer to tell us WHERE, and we still need the spinograph to tell us HOW. All the rest remains the same.

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CHAPTER 58

The Story Of AN IMPORTANT ANGLE

(Fountain Head News, October 10, 1925, TWENTY-SIX YEARS
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As a general rule, most articles written by some writers and published in Chiropractic publications do not strike at taproot. Here is one which does, therefore it is worthy of discussion.

That writer's position is:

What is wrong with Chiropractic or Chiropractors? Why are we failing as a movement today, when we were growing in 1914 when the writer entered Chiropractic?

His solution is:

In 1914 we were getting results. In 1925 we were not. Why? In 1914 we were doing general adjusting. In 1923 he was adjusting "majors specifically and exclusively." In his opinion, this constitutes the real difference between then and now in methods, which determined results, which predetermined failures, etc. He states: "We changed from the general to the specific in adjusting when the idea of majors came along, WITHOUT TRAINING ourselves IN DIAGNOSING so that we could accurately select the right major."

Diagnosis is error in essence. If picking majors WITHOUT diagnosis was bad, does adding ANOTHER ERROR (diagnosis) improve the first? To add "diagnosis" is to double the error.

As a profession, we have been stepping FORWARD.

Majors and Minors was the LEFT foot forward. In principle, it was right then and is right now. In a MINOR per cent of cases we picked majors correctly. In MAJORITY of cases we did not. When we did, results were remarkable, showing the method HAD merit. But we could not pick that major correctly in MAJORITY of cases.

Neurocalometer is the RIGHT foot forward. It picks major in 100 per cent of cases. THAT is vital. That writer admits majors right IF he could find majors. NCM does, but HE can't see the NCM — missing link HE needs to set himself right.

Of the two methods — (a) majors WITHOUT NCM, or (b) general adjusting, I would rather take latter; but if I had my choice between (a) majors picked WITH NCM, or (b) general adjusting, I would take former, one thousand times over.

In that writer's case, general adjusting takes us backward to 1914 when HE came in.

The trouble with Majors and Minors was that we did not KNOW whether or not we had the major. We mentally hypothesized, but we had no proof except after months of adjusting, and then only when case told us she was better, same, or worse.

The trouble with general adjusting BEFORE THE DAYS OF MAJORS AND MINORS was that we did not know what we were doing. We were taking pot-shots at all, cracking 'em all, hitting everything all along the line. We did not know whether our cases were getting better or worse until months after when THEY told US. However, this much is true — general adjusting is a good massage, and patients purr under it like a cat would in getting its back scratched — if that indicates knowledge or actual delivery of health to the sick.

Results attained under Majors and Minors, by comparison with days of general adjusting, were even higher under Majors, even tho imperfectly understood or applied. Average of "hits" was greater.

In general adjusting (according to that writer) you DO NOT KNOW whether or not you have right vertebra; you DO NOT KNOW whether or not pressure upon nerves has been removed; you DO NOT KNOW whether or not you have increased that pressure; you DO NOT KNOW whether or not you have interfered with transmission of mental impulses. And every Chiropractor knows that it IS important TO KNOW THESE ESSENTIAL CHIROPRACTIC FUNDAMENTALS, TO GET THE SICK WELL. No longer can we blind our eyes, plug our ears, chloroform our minds, and play a Chopin all up and down our spinal keys, and let it go at that. The man who WILL last in Chiropractic is the man who will KNOW WHAT HE IS DOING, WHERE HE IS DOING IT, HOW HE IS DOING IT, AND WHEN TO DO IT.

To advocate "general adjusting" is to go back to the days before we knew there was a major. To advocate use of a neurocalometer is to make that major positive. One is to step backward to the days of 1914, and the other is to step forward to 1925.

No one KNOWS how essential it is to contrast between methods of cracking 'em all up and down the spine, and how little any of that actually means, as that Chiropractor who has a neurocalometer and has finally had it conquer him to prove to him that cracking bones DOES NOT REMOVE PRESSURE FROM NERVES. Hundreds of Chiropractors have "adjusted" and "adjusted", only to find constant proof before them that THEY WERE NOT REMOVING PRESSURE FROM NERVES. This truth is glaringly obvious now, under major method now being taught with NCM.

To multiply that evil by twenty-four, two times (up and down on each side), means that you multiply same issue.

If you did not release pressure in SPECIFIC MAJOR WORK, how can you accomplish same end BY MULTIPLYING SAME ISSUE BY TWENTY-FOUR? Absence of any definite knowledge under major work is same definite absence of knowledge under general adjusting. To multiply the ratio does not reduce the error.

Moving bones, whether it be one or twenty-four, twice, means nothing UNLESS BY SO DOING YOU HAVE RELEASED PRESSURES AND RESTORED TRANSMISSIONS. WHERE is that pressure? Moving twenty-four bones does not determine that.

Some say that by cracking 'em all, we can't miss any. We haven't missed HITTING BONES—EVERY ONE OF THEM—BUT THAT DOESN'T MEAN ANYTHING UNLESS WE HAVE RELEASED PRESSURES AND RESTORED TRANSMISSIONS. Can you know when you have done that, merely adjusting all of them, this way then that way?

No one knows this better than those Chiropractors who have permitted the neurocalometer to check up their adjusting. They KNOW there is something different between cracking bones and giving an adjustment TO RELEASE PRESSURE UPON NERVES.

Neurocalometer makes KNOWING a high art, a positive and safe bet, but it requires mental activities, hard work, time, and labor.

That writer prefers to rig up a soft bed and give his patients a gentle, general, all-spinal massage, up one side and down other.

Chiropractic is an assured service. Chiropractors are going thru an evolution and they will be in that process until the profession puts its right foot forward. It is possible that other theories may again hold us up from moving forward, we may get stalled for a time by a wreck along the line, but **EVENTUALLY THE CHIROPRACTOR MUST BE A MAN OF KNOWLEDGE; ONE WHO KNOWS WHAT HE IS DOING, WHERE HE IS TO DO IT, WHY HE IS DOING IT, AND WHEN TO STOP DOING IT** — and general adjusting makes none of this possible.

The quicker Chiropractors **OF TODAY** come to those methods which give us **KNOWLEDGE**, the quicker they will be building their business that will be in permanent existence **TOMORROW**.

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CHAPTER 59

The Story Of

DROPPING BY THE WAYSIDE — AND WHY

(Fountain Head News, October 24, 1925, TWENTY-SIX YEARS
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Since September, 1924, more than 4,000 Chiropractors' names have been taken off our mailing list — dropped by the wayside; closed up shop; taken down their shingles; gone into some other business; turned their diplomas to the wall. Every day we get new names to take off. Yet the bottom has not been reached.

Is this because Chiropractic is wrong? No! Is it because the public has lost regard for Chiropractic? No!

It is because CHIROPRACTORS HAVE LOST CONFIDENCE IN THEMSELVES AND ARE NOT DOING THOSE THINGS NECESSARY TO RESTORE IT.

Lyceum, 1924, sounded the awakening of a new day; a better era; the establishing of a new foundation; a brighter and bigger future for Chiropractic and Chiropractors and — the third element — the sick public.

What WAS that clarion note that rang long and strong — so clear and true that it effected the professional careers of so many of our people?

UP TO THAT HOUR every spine contained pressures upon nerves the location of which remained a secret, hidden inside, which interfered with transmission that was causing disease. UP TO THAT HOUR, Chiropractors KNEW they were there, but did not know WHERE. Unless they knew WHERE pressures were, unless they could RELEASE those pressures, and unless they could PROVE this, before and after adjustment, Chiropractor was comparatively helpless in rendering a competent, intelligent, satisfactory, safe, sane, and sensible service to the sick.

There were no studies or methods at their command to tell them WHERE pressures upon nerves were. Without this definite

and exacting knowledge, Chiropractors were paddling the high seas in an open skiff, without a rudder, compass, or steering wheel, heading for a port which they knew existed, location of which was a mystery.

This statement struck terror to our hearts. It came from the mouth of a man who knew no fear in facing facts or in stating them without equivocation after he HAD faced them. It came from the mind of that one man who was fearless in stating issues which HE HAD TO KNOW before he could utter them. It came from the one man in our profession who had his lifework at stake and everything he had in this world to lose, if wrong. This man was one in whom ALL had confidence, whether they agreed or disagreed with his vision, judgment, or opinions.

No sooner did he utter this positive body blow at very vitals of our movement than he offered a key, an open sesame, a direct method that would unlock the hidden secret, find and prove WHERE PRESSURES UPON NERVES WERE, in spines of those who came to us; which could and would do the very thing which everybody knew we had to know how to do. He offered an obvious, tangible, scientific method of accomplishing the end.

But, because it was HE who stated the problem and offered the solution; because it was HE who presented it to our profession under conditions which safeguarded its proper public use, up went the cry of prejudice, ignorance, contempt, etc.

At this point the field should have taken a 100 per cent hold on the movement; gone into it wholeheartedly; investigated; tried it. Instead, the field split 80-20 on him and it. 20 per cent discussed ITS MERIT; 80 per cent cussed HIS MOTIVES. This they had a right to do, which right they fully exercised. 80 per cent also had the right to pay the price for taking the avenue they did. They ARE paying that price. More than 4,000 have closed offices, and more are headed the same way.

AND HERE'S THE VITAL MORAL; THE SELF-EVIDENT FACT IS STILL WITH US. Merely because one man uttered it, 20 per cent believed him and 80 per cent denied him, HAS NOT CHANGED IT; 20 per cent being for, 80 per cent being against the man who said it HAS NOT CHANGED THE FACT that thousands still do not know where pressures upon nerves are, and the neurocalometer can find them if properly used.

Every Chiropractor KNOWS that a pressure upon nerves is THE CAUSE of dis-ease. Every Chiropractor KNOWS that he does not know how to accurately, positively, and exactly look at, feel, spinograph, or get symptoms of, and PICK CORRECT LOCATION OF WHERE THERE IS PRESSURE UPON NERVES. Every Chiropractor of that 80 per cent should know what the 20 per cent knows, viz., that the NCM does accurately, positively, and exactly locate exact place where there is pressure upon nerves.

20 per cent are boldly walking up to that issue, facing it KNOWINGLY, and it does not strangle them. Thousands of others approach a spine with fear and trembling, knowing they DO NOT KNOW what they ought to know, before and after giving an adjustment.

If that is true, then 80 per cent cussing the man who said it, or damning the instrument that does it, and all the alibiing about "too much time", "high cost", etc., does not change it, make it wrong, modify, or amend it. And if it is untrue, then the 20 per cent praising the man who said it, or the instrument which does it, and every excuse manufactured to save it, would not do so. Opinions of me or the NCM, privately or publicly expressed, have not changed that fact since 1924 Lyceum.

If 80 per cent of Chiropractors would cease condemning the man or instrument and would face fact; stop breeding alibis and admit truth, they could save themselves on an issue that still stands unchallenged. It is the inability of our 80 per cent to grasp that message which is wearing down our numbers. If the 80 per cent would FACE FACT, prepare themselves to meet it so that they could find exact location of pressures upon nerves, they would restore their confidence in themselves and join with those who will remain in business.

These 80 per cent gather in their family circles, district meetings, state conventions. Somebody starts telling the group what he thinks of B.J. or the NCM. If they would discuss the comparative results or opinions of those 20 per cent WHO KNOW AND HAVE SEEN THE OTHER SIDE INTELLIGENTLY PRESENTED, their gatherings would be constructive to all present.

One recent convention, thinking to play diplomacy, printed on their program: "This is a Chiropractic convention. There will be no demonstration of instruments of any kind." Somebody with short vision might call this clever; but the simple and obvious fact still remains that they DON'T KNOW WHERE PRESSURE UPON NERVES IS, OR HOW TO FIND IT, UNLESS THEY MEET THIS INSTRUMENT QUESTION FAIRLY AND SQUARELY. 80 per cent may shove it off their program, but it still exists as a fact in the spine of every patient and in the mind of every Chiropractor. It will still rise as a ghost to haunt every member when he gets back to his office, UNTIL HE KNOWS.

In the hearts of thousands of these 80 per cent of Chiropractors today there is ever present that gnawing idea, deep in the secret recesses of their souls, that THEY DON'T KNOW WHERE PRESSURES UPON NERVES ARE; AND THEY KNOW THEY HAVE NO WAY OF FINDING OUT; AND THEY KNOW THAT UNLESS THEY DO KNOW, THEY ARE NOT GETTING AT TAPROOT OF SERVICE WHICH SICK PEOPLE HAVE A RIGHT TO DEMAND.

Constant drip, drip of water will wear away granite. Daily thinking about what that 80 per cent ought to know, as they look at every spine and do not know, is like that water. It is eating into his soul and destroying his confidence in himself. It makes him meet with shifting eye, with evasive answer, with an adjustment that is occasionally correct and more often is not; doesn't know whether it was given in the right place, in right direction, or whether or not it released pressure upon nerves; neither does he know when to stop. To carry that sort of mental load will break any man down.

4,000 of those 80 per cent FORCED THEMSELVES OUT of Chiropractic. They may be too proud to admit they were wrong; there can be a million alibis; but alibis do not meet facts.

There is something about that 80 per cent WHO DO NOT KNOW that makes them act with a self-consciousness, that makes it all a sham to the public they face. The mind which DOES NOT KNOW, does not think clearly, does not act responsively; actions are forced. He tries to kid himself and his business, but he doesn't succeed. Public sees thru evasions!

Contrast those men with the 20 per cent WHO KNOW, who look every man in the eye. Their mind is clear, conscience clean, voice rings true and positive, language is certain, and they speak in terms all understand. They radiate confidence BECAUSE THEY POSSESS IT. They KNOW what they are doing, assert themselves, prove it to their patients—they know where they are going and why. They have "that something" which comes to men WHO KNOW. They do not need to kid themselves; they act natural.

That is what is going on in our profession!

One group of 80 per cent try to kid themselves. They write articles, appear before groups and alibi themselves by saying they would be all right if they had diagnosis, etc. The group of 20 per cent are quietly doing the right thing, using neurocalometer, and getting results. They stand ready to help the 80 per cent group.

CHIROPRACTIC NEEDS BOTH GROUPS—EVERY ONE OF THEM. There is room for 50,000 Chiropractors in America today. Need is greater now than ever before, BUT PROGRESS HAS DEMANDED THAT THEY BE BETTER FIT, KNOW MORE THAN FORMERLY, AND BE MORE COMPETENT THAN BEFORE.

85 per cent of 2,500 Chiropractors with neurocalometer are verifying the opinion of the call that went up in THE HOUR HAS STRUCK. They are endorsing the man's vision, judgment, and opinion. They KNOW where pressures upon nerves are.

Here is a recent commercial analogy which fits our situation. It proves that progress WILL come, that it MUST be accepted, and comes into its own only after a battle royal. Fight it if you will—it comes!

This is one of the most thrilling examples of one of the most wonderful commercial struggles of modern history. It is big because of importance of opposing factors, of the many millions of dollars invested on both sides, of service rendered to two national groups of humanity and to the millions served.

It's the story of the gramophone.

I remember vividly a few years ago when a man with a box traveled about from town to town. He set the box on a table,

folks gathered about, and we stuck rubber tubes in our ears. Five cents a listen. Records were cylinders. They ran by arm grease.

Then came the flat hard-rubber disc which reproduced better, clearer, and louder, played longer. Electric motor ran the machine. They came in beautiful cabinets with open or concealed horn.

Factories were working overtime. Salesmen were reaping fortunes. Everybody had one — from a \$1,000 period cabinet down to the folding satchel which played on the back of a boat in the moonlight. The public went wild over them.

Suddenly a storm broke loose. It rained disaster upon the factory, salesmen, buyers alike. Lightning struck everybody. A man named Marconi turned this tornado, cyclone, and typhoon loose. He presented a problem to the world. He solved that problem. He made a maiden speech — before a Lyceum of electrical engineers, so to speak. He presented the world with RADIO.

It was the announcing of a new day, new era in progress; a new invention was being given laborious birth for the benefit of the people. He was offering a SUBSTITUTE for the phonograph and its discs.

RADIO swept the country off its feet. It grew from nothing until one was in EVERY home. It became one of the most momentous movements in history.

The bottom fell out of the phonograph business. Stock went to almost nothing. Dozens of factories went into bankruptcy. Hundreds of stores closed their doors. Millions of phonographs were covered with dust in the homes. Millions of records remained silent.

As radios came in, phonographs went out. It was progress speaking! People were FOR the substitute — but how the man being substituted deplored it. Could he stop it?

Old, well-established factories connected with the phonograph industry could not close their factories and quit at will, any more than thousands of Chiropractors could turn keys in office doors at noon and take the afternoon train on an extended vacation, merely because something disagreeable was worrying them.

New radio factories were built, covering blocks of property, costing millions. It was evolution acting!

WHAT COULD PHONOGRAPH FACTORIES DO? They were face-to-face with stockholders, with factories on their hands, with immense stocks of unfinished goods.

They had two alternatives:

First: They could pooh-pooh radio, make light of it, call it a fad, say it did not work. They could also damn Marconi, call him grafter, blood-sucking upon the people because he demanded an exacting fee sufficient to continue progress on his invention to maintain a service in keeping with its value.

Second: They could face the inevitable, smile, get into the game AND WORK WITH IT.

Finding, later than sooner, that to continue to oppose public demand was to go into bankruptcy, THEY SUCCUMBED.

THEN — and not until then — is when the men of vision in the phonograph business got down to bedrock, FACED FACTS no matter how it hurt. THEY SOLVED THEIR PHONOGRAPH PROBLEM AND SAVED IT FROM BEING COMMERCIALY BURIED, BY ADDING RADIO TO IT, AND THUS CHANGED THE INCOMING INVENTION INTO A PHONOGRAPH-RADIO SALVATION TO HELP BOTH OF THEM.

They created a new hook-up whereby they could play the record thru their reproducer, thru their cabinets, into and thru a radio-amplification, until today you can have a radio-amplification of any recording thru a phonograph cabinet instrument. With this new hook-up, you can choose your song or your artist. You can have radio at your convenience. Progress superlative — an improved phonograph, a radio without static.

The moral should be obvious to Chiropractors!

Every hour some fellow in that 80 per cent group, who can no longer be master of his mind, master of his soul, master of his convictions, master of his KNOWLEDGE of pressures upon nerves, is dropping out. Others in the 20 per cent group WHO KNOW come to take their place. For the 4,000 who have dropped out, who did not know, 4,000 more WHO DO KNOW are needed to fill the vacancies. Market remains the same. As the automo-

bile came in, horse went out; as electric streetcar came in, horse-pulled car had to go; as electric light came in, kerosene went; as the man with NCM comes in, the man who lost valuable time condemning the man who showed the light and calling it the bunk, goes. It's the law of compensation, the survival of the fittest, the principle of progress.

Chiropractic can ill-afford to lose a single man. We are sorry to lose any. Many of those who are gone were good men worth while. But instead of getting into step, they preferred to damn the man who made progress possible, cuss the instrument which would have saved them, and challenge the motives of all who made it possible. 80 per cent took the tactics that drove themselves out. We stand ready now to help, to render aid, to save them against themselves.

THE HOUR HAS STRUCK for every man of that 80 per cent who continues to alibi himself and his public about why he does not know where pressures upon nerves are.

It will continue to strike until 100 per cent of Chiropractors are competent to render an intelligent service to the sick; or until such time as the sick get what they have a right to expect, now that it is at our command — and that includes an exacting knowledge of where pressures upon nerves are, and how to release them, and prove it by positive assurances.

When we can build a 100 per cent profession composed of men and women who will look forward and upward into the face of facts, learn to move forward and upward with progressive movements without alibiing, help build instead of condemning men and motives, then we will not lose any more of those 80 per cent of followers, because they will hear what is spoken and see what is demonstrated rather than be deaf to reason and blinded by prejudice.

We have thousands of wonderful people in our profession who got started off on the wrong foot. If they will change, there is yet time to save themselves.

The 20 per cent have saved themselves! Why not the 80 per cent?

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CHAPTER 60

The Story Of THE ALL-IMPORTANT BURNING QUESTION

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Diagnosis goes to the taproot of one thing — that is all. It goes to the taproot of quality.

Let us divide diagnosis into its two branches:

- (a) Symptomatology goes to taproot of quality of function.
- (b) Pathology goes to taproot of quality of matter.

Think over every question you can possibly ask a patient on symptomatology, and you will find it goes to taproot of quality of function. What kind of pain is it? Is it a sharp or dull pain; a burning or itching; does it smart?

Diagnosis of blood, sputum, urine, feces, all goes to taproot of quality of matter.

Beginning and ending of all diagnosis is symptomatology and pathology — and there are no other branches — go squarely to taproot of quality of thing being seen, analyzed, or tested in laboratory.

Chiropractic handles this subject from another angle. We prefer another term — analysis. Analysis goes to taproot of QUANTITY. We have worked out families, species, equations. All three go to taproot of QUANTITY. When we talk about diphtheria, we talk about calorific function. When we talk about calorific function, we talk of the family — C-plus or C-minus. When we talk of diplegia, we are talking of the family which is not there — M-plus or M-minus. In scarlet fever, we are discussing fever and poison features and thinking of C-plus or C-minus, E-plus or E-minus, because we are discussing QUANTITY. Go a step further and see that EVERY INCOORDINATION of the human body is based upon these nine primary functions, in some one of its families, in some one of the endless

combinations of its species, in some of its equations as in plus or minus; then you can see that EVERY incoordination is based upon the relative study of the function or the quantity of matter that is or is not.

Quantity of function is what determines QUALITY of that function. QUANTITY of function PREDETERMINES QUALITY of that function. Quantity of function present in a given quantity of matter is what predetermines quality of function which is passing thru that matter. Quantity of mental impulses going thru brain is what predetermines quality of thot. Quantity of mental impulses going thru digestive system predetermines quality of digestive function. QUANTITY of mental impulses going into bowels predetermines QUALITY of that function which empties bowels. If there is too much quantity of mental impulses, we have too much action. If there is not enough QUANTITY, then there is not enough quality of action; then we have constipation. Quality is consequent to quantity. Quantity predetermines quality, and quality never predetermines quantity.

What predetermines quantity? Again we go right back to spine, to sublaxation with its interference to transmission. That determines quantity. Condition of spine predetermines quantity of transmission flow. Quantity of transmission flow predetermines quality of function in matter.

Let us make it more clear. What is it that makes light in electric globe? QUANTITY of electricity. If we got less electricity, would we get any light? And, if we got too much electricity, what would happen? Globe burns out. That is a simple illustration, but it is obvious.

We get BACK to fundamentals. At which end are you going to begin — quality end or quantity end? Why should you begin at quantity-producing end? Because it predetermines quantity, and quantity predetermines quality. You go back to causative factor, not effective factor. If, at any time, you need approach effective factor, why should you? What would any information on quality factor predetermine? It keeps bringing you back to the back; back to the spine. We can't get away from that fact.

A great fuss and stew is made by physicians. Is this case chickenpox or smallpox? One physician says it is chickenpox,

other says it is smallpox. Which is it? What difference does it make? It is a study of quality. Who is to say what is red, carmine, or pink? Who is to say what shades of color are? I have seen authorities dispute the quality of colors. When we begin to argue over shades of colors, none of us will agree. When we begin to argue over quality of matter or function, we are bound to differ with each other, out of which grows endless complications. I doubt whether there are a half-dozen persons in this room, who, turned loose on any certain case, would agree on just what the shade of quality was, or quality of matter involved in that case. That is why diagnosis can never be a science — because the shade of the quality in symptomatology they see is never alike, and no two of us look at the same thing alike, so we differ on the shades of quality that may exist in that case. And when it comes to shades of QUANTITY that may be involved, we might be in serious dispute. If there were no scientific factor involved, that takes the dispute out of the realm of guessing and gives us information scientifically.

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CHAPTER 61

The Story Of

A PUZZLE AND HOW TO DEFEAT IT

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The first of every month, there is one bill that comes that makes me boil. I resent every \$ that must be checked out. It's one of my big items and I get nothing for it — that's the worst of it. If I could just feel that I was getting something for my money, I could somewhat soothe my injured and ruffled feelings in the matter.

This bill is averaging \$600 a month. I have tried to figure it out, what it is that I pay for, and I cannot. Nobody else can. I have tried to have our buyer check up on what it is we buy, but we say the company we buy from never has and never will deliver anything. He is an expert buyer, but this is an item we never see anybody unloading at the stock door, yet he okehs every bill every month.

This is one account that somebody is slipping something over on him, monthly. When I call him to account, he smiles, shrugs his shoulders, as much as to say "How can I help it?" and then walks away. If anybody else tried to pull that kind of a stunt on him, their bills would be refused credit.

What this is that I pay for, I don't know. Nobody else knows. It comes in, and I believe that it comes altho I cannot prove it, but how it comes I do not know. Nobody else does. It is here, at least I think it is; it seems to stay awhile, yet I am told that it can't stay and be here; and then it leaves, altho I am told that it was never here — and all this I am asked to take, swallow and believe in good faith and pay for; all of which I know is true and yet I can't prove any of it. Neither can anybody else.

What it is I am paying for, nobody knows. I have seen some of it on rare occasions. But, when I saw it, I was glad that I could SEE it for it was quite a ways away. I know I get it delivered to us yet I am not positive about even that. I just think so, altho I

admit that I do think so quite strongly. The good money that I pay for it is real not only to me who gives it but to the fellow who takes it. And, the fellow who takes my money for what he gives me does not know that he is giving me anything, yet he takes my money, monthly, for something he does not know he has given me. So far as he is concerned, it is just a book transaction.

I have tried to trail this thing down. I have traveled from one place to another; I have asked various men high up and they all laughed at me for being so foolish as to try to find out what it is I pay for and don't get; yet get and don't know.

I ask them, "Where does it come from, that which comes into my home, office and business?" They say: "I do not know." Neither does the man who sells it to me. Neither does anybody else, for that matter. Everybody seems to be in the dark, either with or without it; where it comes from or goes to or what it does when it is or isn't.

I have gone to the place where it comes in. I have looked to see it coming. Do I see it? They show me just where it IS coming in. I look again and see nothing. I stand there like an idiot. They laugh at me and I laugh at them. We are both sane men and I have as much right to laugh at him as he at me. Neither one of us has anything on the other; and both of us have it on each other for both of us look, one says "Yes," the other says "No," and both are right and both are wrong.

Do I see it while it is here, in my home, office or business? No! Do I see it go; for, like a friend it is constantly going everywhere to help me conduct my business? No! And yet I have every reason to believe that I get it — for a while at least, and yet I am told that it never hesitates for even a second.

Any man is a darn fool to buy something he doesn't know what; pay for something he knows not what; and keep on doing that for years — and yet I do, and so do you and millions of others. University professors are no different than the insane in asylums in that respect.

I would like to take a bushel basket, a quart cup, a gallon can, a foot rule or a wagon and go to a store and cart some of it home, but if I tried to do this I would be laughed at as being a moron — at least, TODAY. I can't bring any of it into my home. It comes in

without me. One minute I look all around and I do not see it. The next second I look, and there it is. And, even tho looking right at it, and seeing it, I don't see it. I couldn't take any of it out of my house, if I wished. It goes without me knowing it. One minute I look all around and there it is. The next, it is gone. And, even tho seeing it, it goes and I can't see it go. It surely is slippery. And then, there are times when it is here, when it isn't. That is it IS here, but nobody knows it. It is right here in MY home and I am reasonably certain it is, but I can't prove that it is or isn't.

Does it come in thru doors, windows, skylights? No! How does it come in? That's what worries me, for I don't know.

What is this mysterious robber that robs me of \$600 per month and gives me nothing in return? It is ELECTRICITY!

I hire an electrician, he comes, lays pipes and pulls thru wires. He sticks on globes, motors and fans on the ends of two of them. They are strung all around, all over. I hire this labor, I pay for it. I buy the materials — the globes, wires and motors — and ALL THIS BELONGS TO ME. I pay for them. These are the THINGS that I KNOW something about because they are personal property.

I can stretch out the wire and measure it by the foot or mile. I can measure the size of the copper and weigh it on the scale. I can buy globes by the carton, count them, look them over and check the quality of the materials in them. The motors have a stated size with which I can agree. All this IS MATERIAL SUBSTANCE AND IS A MATERIAL EVIDENCE OF SOMETHING I BUY AND PAY FOR.

But, those wires are useless; those globes are "dead"; and those motors are lifeless UNTIL THAT GREAT UNKNOWN slips into, thru or over those wires to those globes and motors. THAT GREAT UNKNOWN IS ELECTRICITY — and that is the something I buy, pay for, get, use, and can't see, and don't know what it is.

It comes, I turn it on or off, I burn it up at will and yet get more all the time, subject to my demand and command. There is an endless reserve always ready for my instant service.

So, after all, when I pay \$600 a month, when I BUY ELECTRICITY, I AM BUYING SERVICE. Twenty-four hours a day, 365 days a year; a steady, regular, constant CURRENT OF SERVICE is for me to use or not use. I have a full quantity OF SERVICE guaranteed, night or day.

And, thinking of SERVICE, spell it this way, "SERVE US" and that is exactly what they are giving us and what we are paying for.

SERVICE runs my motors, SERVICE gives me light, anywhere, anytime, all the time.

This Service is being rendered nationally, everywhere. Telephones, radio, street cars, automobiles, aeroplanes, light, presses. WITHOUT THIS SERVICE, the world would retrogress 1,000 years. Who would want to live, today, WITHOUT THIS SERVICE?

If I were inclined to pursue the same style of reasoning of many people I know, I should resent paying for this something the character of which I didn't know. I could use my "reason" and refuse to pay for SOMETHING WHICH I WAS NOT THE OWNER OF. I could refuse to pay for something that comes into my home, office or place of business, which I WAS COMPELLED TO USE, WHICH I COULDN'T POSSESS, OWN, FEEL THE PRIDE OF BEING THE OWNER OF. I want to feel that whatever I buy, that I pay for, IS MINE to do with as I please, to use in any manner I desire.

Being peeved because I must pay for something because I couldn't own it, wouldn't get me anywhere, because I MUST HAVE THAT SERVICE, for without it my phone is dead, my auto won't run, my lights are dark, my motors stand still, my business is paralyzed and if I did all this to play up to my ego, I would be a commercial fool. Without THAT SERVICE, EVERYTHING I HAVE ELECTRICAL IS GOOD FOR NOTHING.

Seven thousand two hundred dollars a year is being paid FOR ELECTRICITY. ELECTRICITY IS SERVICE. SERVICE IS ELECTRICITY. Seven thousand two hundred dollars a year FOR ELECTRICAL SERVICE. The most of YOU are doing the same thing, in a smaller degree.

Everything is all set, the house is wired, the "juice" is turned on. If I never use it, not one iota, I must still pay a certain "flat rate", a "minimum price" because THE SERVICE was there ready for me IF I DID want it. That I don't use, or need or want THE SERVICE is no fault of theirs. So, I pay FOR SERVICE whether I use it or not. Service supplied, whether used or not, is service paid for.

I suggest that we combine and start a general free-for-all rumpus. Let's kick up a little insurrection against the light and power companies for CHARGING US SUCH HIGH RATES MERELY FOR SERVICE. Let's pay them for the actual cost of the wires, globes, motors, AND THEN REFUSE TO PAY ANYTHING FOR SERVICE. That certainly would be fair. Let's insist, that anything we pay for must BELONG TO US. Then, they may leave this electricity IN OUR HOUSE WHERE WE CAN SAY "IT BELONGS TO ME!" and I can do with it as I please.

All in favor of this motion, say "Aye!"

Now that the motion is carried, suppose we appoint a committee to go down to the light and power companies and tell them that we have passed it. We will give them a piece of our mind and tell them that "The Amalgamated International Association of Disgruntled Electricity Owners" hereafter refuse to buy or pay for anything that we can't own. That ought to bring down those outrageous prices they now charge us, monthly, FOR SERVICE. The first cost of the wires, globes and motors should be enough to make them rich.

If we MUST pay for SERVICE to get electricity, then we'll insist upon their giving us full title and possession so we can claim it in our inventory of stock on hand. Of course, what we really want is to have the motors run and the globes give us light, WITHOUT THE HIGH PRICE THAT GOES WITH THE SERVICE; and, it may be that there is SOME WAY BY WHICH WE CAN GET SERVICE WITHOUT PAYING FOR IT; OR, PAYING FOR IT, GET TITLE TO OWNERSHIP IN IT. Anyhow, that's our kick. That will force them to shut down their plant and then we'll have the satisfaction of knowing that OUR RIGHTS WE PRIZE AND OUR LIBERTIES WE WILL MAINTAIN!

Then what! NO ELECTRICAL SERVICE.

Back to kerosene, Hurrah! We can OWN that. We can BUY kerosene lamps and OWN THEM, by gosh! Hurrah again!

We may not be able to make kerosene slip our messages over wires, nor can kerosene run our motors or fans, but gol-darn it all, WE OWN IT and that's the BIG OBJECTIVE. Hurrah again!

I know kerosene has its disadvantages, but I also know that I can go to a store AND BUY IT and after I have bought it, IT IS MINE. I can own the can that it comes to my home in. I can own five whole gallons of it. I know that it is greasy, stinky, dirty, but in spite of these factors I have the personal satisfaction in knowing that even tho it gets my hands greasy it IS MY GREASE that is doing it; even tho it stinks the kitchen, IT IS MY STINK TO MAKE as often as I please; and even tho dirty it is MY KEROSENE that makes the dirt. I know that I will have to clean the chimney from smoke every morning, BUT IT IS MY CHIMNEY AND MY DIRT MADE WITH MY KEROSENE and there is a satisfaction in all that. It's going to be a trifle inconvenient to carry the lamp about from room to room, but while carrying the lamp around I can rub the glass, and know that IT IS MINE; I can look thru the glass and see the kerosene, every drop of which IS MINE. I will not, of course, get as much light from the kerosene lamp, but the light that I DO get comes from a lamp and a kerosene THAT IS MINE. And, the members of "The Amalgamated International Association of Disgruntled Electricity Owners" would rather put up with all these inconveniences AND OWN THE THINGS WE USE, than to help further a better national service and not own the LIGHT AND POWER COMPANY'S ELECTRICAL SERVICE we pay for.

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CHAPTER 62

The Story Of FACING FACTS

By W. B. Halsted, D.C.

(Fountain Head News, July 26, 1927, TWENTY-FOUR YEARS
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RADIANT LIFE

I wish to be simple, honest, natural, frank, clean in mind, in body, unaffected — ready to say "I do not know", if so it be; to meet all men on an absolute equality — to face any obstacle and meet every difficulty unafraid and unabashed.

I wish to live without hate, whim, jealousy, envy or fear. I wish others to live their lives too — up to their highest and best.

To that end I pray that I may never meddle, dictate, interfere, give advice that is not asked for, nor assist when my service is not needed.

If I can help people, I will do it by giving them a chance to help themselves; and if I can uplift or inspire, let it be by example, inference and suggestion, rather than by injunction and dictation.

I desire to radiate Life.

Elbert Hubbard.

In the same light or spirit that our beloved Abraham Lincoln had when he framed that famous phrase: "With malice toward none, but with charity to all," this article is being composed.

And it is with the hope that my labors may awaken the mysterious qualities of the human Chiropractor's mind, that the science of Chiropractic may receive justice from the minds, the hearts and the hands of its people.

Pray tell me what is that which tears away at my vitals and keeps urging me on and on to compose this article that those who run may read. In fact, isn't it very much out of the ordinary for any one to sit down and spend hours of his time in an effort to write a narrative covering his own personal convictions; especially when one has never been convicted of a crime before the courts of justice?

them all. Neither will I attempt to give the various reasons that may enter into the minds of those who read. But with fourteen

The human mind is composed of many mysterious qualities. In fact, they are so numerous that time will not permit me to analyze years' experience in the field of Chiropractic it is reasonable for me to believe that the one foremost to enter the minds of the majority who read it, is: "My acts and deeds are being controlled by other personalities foreign to my own."

Your thoughts or reasons can be what they may, but if the writer was not conscious of the wrong decisions made in the past, this article would not be apropos. Facing facts, the writer willingly concedes that he has been accessory to acts and deeds in the past that have proven detrimental to the principles of Chiropractic.

He concedes further, that his acts and deeds have done considerable to break down the morals of the profession.

Further, that to remain silent will not only prolong the chaos that prevails, but will keep the profession in darkness of those facts that should and must be faced if we are anxious to get at the taproot of the misunderstandings in our ranks.

Further, having been a student of Chiropractic fourteen years, there is no doubt in the writer's mind that the principles of Chiropractic, when properly applied, do eliminate the primary cause of disease. Therefore it is a personal duty to lend a hand that those principles may be preserved in their purity for posterity.

Therefore, with malice toward none and with justice to all Chiropractors and to the principles of Chiropractic, and with a personal desire to have those principles preserved in their purity for a sick world, I have resolved to write this history of facts covering some six or seven years of my activities in the N. Y. State Chiropractic Society.

Before going further with the story I want to make this statement. I know that the State Society has done a great many things for the Science of Chiropractic—a great many constructive things. It is unnecessary to argue that question for everybody willingly concedes that fact.

Also, the writer is aware of this fact: that for several years he was placed in a position of trust. One where his colleagues de-

posed confidence in him as a man of integrity. So it is natural for him to assume that they thought that whatever transpired in the board meetings was perfectly legitimate.

On the other hand, I do know that the State Society has advocated policies in the past which, had they been carried to completion, would have ruined Chiropractic in the State of N. Y. And from the information given me by the members of that Society, it continues to advocate the same policies.

The advocating of such policies was the principal cause of my withdrawing my support from said society. Therefore, I feel that I am in duty bound to face these facts. The question that apparently arises in the minds of many of my former associates is "Why this change of attitude?" Very well, in my effort to face facts, I hope that it will be possible for me to answer that question with a full degree of satisfaction.

Going into the history of facts, I have every reason to believe that the records will show that from 1917 to about 1921 the State Society carried on a good clean fight. Every effort was made to get the Chiropractic bill passed legitimately. During that time the State Society did succeed in getting a bill passed in both houses by a good majority. When it came up before the Governor he vetoed it on the grounds that it did not give to the Board of Regents the proper control of Chiropractic schools and examinations, plainly speaking, the general supervision of Chiropractic in the State of New York.

Naturally the defeat was discouraging to us all. In an effort to complete or prevent a similar condition, the bill was redrafted giving the Board of Regents supervision of examinations. And there were other changes which were deemed advisable in order that all objections might be agreeably overcome. During the year 1921 some of the members conceived of the idea that the only way we could ever obtain legislation in New York State would be to play politics.

Apparently with that idea in mind, previous to the convening of the legislature of 1922, there was presented a political proposition for the consideration of the Board. The politician's name that was presented was considered to be a wizard in his line. All that would be necessary for the Board to do was to place him

on the pay roll of the State Society for \$1000. He would then go out and make a survey of the political situation in the state. If he reported favorably there would be only one thing more for us to worry over; that was to raise the sufficient amount of money; in other words a "Slush Fund", and then Chiropractic legislation would come forward without another struggle.

This proposition did not meet with the approval of the Board of Directors, in fact I feel safe in saying that had it been put to a vote when all were present, it would have been defeated. But the proposition was not presented till late Sunday evening, and before it could be put to a vote, it was necessary for several of us to leave that we might get trains home in time for business on Monday morning.

I do recall that before leaving the meeting there was considerable opposition presented urging that it be tabled until some future meeting. Several days following, I received through the mail a note from the State Society Headquarters reading something like this: "Do you approve of the proposition presented by the Doctor at our Board meeting?" This note was written on a piece of plain paper with no signature attached. The reason given for this was in case any of them should become lost in the mail, they could not be traced back to the sender. Plainly speaking this was camouflage; apparently afraid that the world might learn that the State Society was fostering ideas that were not legitimate.

I can not say whether this propaganda was acted upon favorably by the majority of the Board of Directors. The records will show that I opposed it from the beginning. Further I took the trouble to write a letter that I might explain why I objected to such policies being introduced into the state Society program then or at any future period.

Regardless of that fact, the politician was engaged and was sent out on his errand of investigating the political situation in N. Y. State, for which he received \$1000 of the State Society's money.

Now, as a matter of fact, look back and see if the introducing of these policies strengthened the personnel of the State Society. The records are there, and for the first time the N. Y. State Medical Society succeeded in getting their bill passed by both

houses up to the Governor for his signature. What were the results?

Those who were in the state at that time can well remember the efforts that were put forth and the large sums of money that were expended in order that the Governor might be persuaded to veto the act. Taking everything into consideration, I feel safe in saying that that session of the legislature was the most expensive one which the State Society had ever had up to that time. It took several of the long green out of our pockets before the performance was over.

For future reference it seems advisable for me to mention some of the mutual agreements that existed among the Board members. Possibly the records will show that this particular phase was acted upon by the Directors while in session. Managing State Society affairs is not the most pleasant task in the world. There are times when conditions arise such that it is difficult for the members to really know what is the best way to handle them and at the same time avoid showing any partiality.

From about 1917 on, the school situation in N. Y. State presented some rather trying problems for the Board to solve. There were several schools located in the metropolis the heads of which desired to have voice in the management of the State Society, especially at our state convention.

There were times when the business sessions were nearly all taken up by the various schools arguing what qualifications should be required of the students; also, what would be standard curricula for Chiropractic schools. It may seem that this was not such a difficult problem, but if you had been present at the state convention to witness the argument you could better understand the apparently unnecessary commotion they did create. And this had to be endured by the other members of the convention.

I recall one occasion in particular when it became necessary to order them out of the hall if they wished to continue their debate. In view of those facts and the reoccurrence of similar conditions year after year, the Board considered that some action was necessary to eliminate the confusion from the floor of the convention. It seemed that to allow such performances to continue would detract interest so that other members would not care to attend.

The Directors finally decided that the only way that the problem could be handled without showing partiality to any school was to ignore them all. So they did not even ask any of the Presidents of the schools to appear on the platform to address the convention. That may not have been the proper solution of this particular problem; in fact as time progressed, this policy proved detrimental; but after considerable discussion, it apparently seemed at that time the only conceivable way.

Another fact that I would like to bring out at this point is the following: there seemed to be always a strong opposition to one particular Chiropractic school and the representative thereof. The reason for this I have never been fully able to comprehend, especially since it is generally conceded by the majority of all Chiropractors that this school and man have done more to develop, promote and protect the science of Chiropractic than any of the rest.

Regardless of that fact there have always been certain individuals in N. Y. State who were so bitter toward him that they would willingly fight with any one who would even dare to mention his name.

Why the opposition? Why the prejudice? Why the bitter feeling?

Pardon this personal reference, but I am conscious of my past actions and deeds and further feel that they have had a tendency to widen the gap of misunderstanding. Therefore it would seem permissible for me to express my personal reasons regarding this fact.

Laying aside all personalities and the various other unpleasant features which have entered into the Chiropractic equation, let us concentrate our minds on the past and the future welfare of Chiropractic.

Now, don't you sincerely believe that Chiropractic is a true science, art and philosophy? Are its principles worthy of your utmost respect, your most sincere consideration and your loyal and honest support? Don't you really believe that if every Chiropractor in the world were making diligent study of those principles together with a proper application of the same, we could do more to solve the true cause of disease than by any other method or art of healing?

Then supposing we were all practicing what we preach, wouldn't we be giving mighty strong support to the development and protection of the Chiropractic principles?

To better illustrate the significance of the above paragraph, permit me to cite you only one experience that I recently had with one of my patients a few months ago. This gentleman brought his mother to me for adjustments. She had been in search of health for the past five years without avail. By diligent study and the proper application of Chiropractic, she is now enjoying comparatively good health. Recently he brought his wife to me for adjustments; she had been in search of health for the past thirteen years. In our conversation I portrayed some of the difficulties under which the Chiropractor had to work. That is to say, we were compelled to take the medical men's failures in order to win success. "Yes," said he, "I was wondering if you, Doc, would think that I intend to bring all the medical men's failures up here to get well."

True those are just the conditions under which Chiropractic has had to build for the past thirty years. And after studying the Chiropractic situation for a number of years, I am firmly convinced that the true cause of the many unpleasant features that have entered into the Chiropractic situation is due to this fact.

There is none of us who can fully appreciate the sacrifices and heartaches that this man B.J. had to endure while developing, promoting and protecting the art, science and philosophy of Chiropractic.

If my convictions are true, who then, has done more to break down the morale of the profession? That old saying "Man is his own worst enemy" would seem most appropriate, only I prefer to change it to fit the occasion: "Chiropractors are their own worst enemies."

Before entering into another phase of this history of facts, I wish to mention some of the unjust criticism which has been promulgated on various occasions regarding the "Yes, yes men" of the profession.

Truly it is a crime for the manner in which this criticism has been hurled at one particular group of Chiropractors. It has

been of such a nature that it may have had a tendency to make some feel that there was only one group of "Yes, yes men" in the entire world.

But as we reconsider the idea, you must concede that every group, whether it be national, international, or local must have its "Yes, yes men." If not, there would not be many bills passed by Congress, State Legislatures or any of the other various organizations that are in session.

Speaking from practical experience, the N. Y. State Chiropractic Society has had its "Yes, yes men," otherwise there would not have been much progress in the Society.

We have now arrived at a period in history which has been properly named: The Great Divide. Apparently, up to this time, conditions in the Society had been going along quite harmoniously. So much so that all of the illegitimate transactions had been kept comparatively quiet for fear that if they became generally known, they would have a tendency to cause confusion or disrupt the state organization.

Most everybody then believed that legislation was the one and only thing which was needed to protect the future of Chiropractic. Many of us who were in N. Y. State and busy with our individual practice did not have the time or opportunity to study the Chiropractic situation from a national view-point. Therefore our minds were very much self-centered upon local conditions, striving to compete with them to the best of our knowledge and belief.

The legislative session of 1922 having closed, also the Bloomfield-Latin Bill having been vetoed by the Governor, our minds were then directed towards the annual convention which was to be held in New York City.

Bear in mind to maintain harmony, we had agreed not to allow the Presidents of any of the schools to appear on the convention platform. Understand, I sincerely believe those agreements were made in good faith.

Now, while the Chiropractors of New York were busying themselves with local conditions, there had been a group who had been studying the Chiropractic situation nationally. After due consideration, this national group decided that there should be some radical changes made in the policies that had been followed for the past six or seven years. The spokesman chosen for this

national group was, most assuredly, the only national leader that Chiropractic has ever had: B. J. Palmer.

The national group realized that the policies which they had agreed upon to introduce into the profession were vastly different from those which had been previously followed. Therefore, in an effort to avoid any misunderstanding in the presentation of the same, several weeks previous to the annual convention of 1922, B.J. tried in vain for the privilege of coming before the annual convention. This was desired in order that he himself or some other national representative might come before the assembly and explain these policies and the reasons why they deemed it imperative to make such drastic changes.

It is unnecessary for me to comment upon the disposition that was made of this request except for the information of those who are not familiar with this particular phase of the situation, so I will merely say that it was not granted. The reason for this may have been due to the mutual agreement made by the Board of Directors.

Or it may have been due to the bitter feeling and prejudice that previously prevailed toward B.J. and The P.S.C. There always has been plenty of that, the reason or intent of which I could not comprehend.

Time will not permit me, neither does it seem essential to enter into a discussion of the various phases of this national program. True, it contains many illustrations or features in an effort to portray the dire need for these drastic changes.

But those apparent prophecies, as of old, have gone on unheeded by myself as well as by many of my former associates and colleagues, and it is beyond my comprehension to say which one of the many phases is the most important.

For convenience sake, I desire to lay emphasis on those that have had the most to do with my change of attitude. After studying this Chiropractic situation nationally, this group realized that there were many different opinions being introduced into the science of Chiropractic.

These principles were becoming so badly contaminated with other things foreign to them, that the fundamental principles of Chiropractic were fast losing their identity.

Then in their national study of affairs they were brought to realize that the legislation which had been obtained in the various states of the union was failing to preserve those principles in their purity for posterity.

B.J., in his deliberations over those outstanding features, willingly concedes that the national group were partially to blame for the then undesirable conditions that existed in the profession.

He concedes that a few years previous, this national group deemed it advisable to take into our state organization all those who claimed to be Chiropractors, believing in so doing, that those Chiropractors who had received the proper schooling might help to educate those who had been less fortunate and had failed to obtain the proper Chiropractic education.

But, as time went on, they became aware of this fact that instead of this plan working for the best interests of Chiropractic, it had proven detrimental.

Another phase which I wish to comment upon is the way state organizations were managed in order that harmony might prevail among all Chiropractors; for instance, that political trickery which has been previously mentioned. It was handled with secrecy for reasons already given. Then, as we get further into this history of facts, other features will be brought to light which were handled in a similar manner.

Apparently this was for no other reason than a desire to get revenge on this national group who had faced these facts and who were eager to lay them before our state Society for consideration. To deliberate on this national program further is of great importance, but it would require considerable thought on the part of the writer, and more time than he can now afford to devote to it.

Now, to expedite this article, also to briefly sum up the entire program, the motives of it were for no other purpose than to bring the Chiropractic profession to a full realization of these facts. And with a greater desire to get the Chiropractors to assist in the preservation of those principles in their purity for posterity.

It is generally conceded that the school of experience is the most valuable teacher. Regardless of this fact, and in spite of the

fact that B.J. had put in over twenty years studying the Chiropractic situation from every angle, his judgment was not taken into consideration.

Instead of considering the validity of his judgment many Chiropractors, myself included, took the liberty to repudiate his judgment, and in opposing him I am aware of this fact that many statements were made which were farfetched from their real intent and from the real plan of the program which the national group desired to introduce into the profession.

Should you wish to go back over the records, you will find that the writer of this article was among the first to oppose these policies. He not only offered his own personal objections but urged his colleagues to do likewise. Indeed, he took every opportunity to spread this opposition near and far in N. Y. State, and in other states as well, going as far west as Davenport, Iowa, breeding contempt into the minds of all those Chiropractors with whom he made personal contact.

For any one to face facts is truly an unpleasant task even when at his best. And to be compelled to alter one's position after facing facts requires still further courage. It does not bring an over amount of consolation to one's mind except his personal desire to live up to that philosophy which Mother taught to be the best policy: Honesty. Then, if one cares to be honest with his fellow man or any great principle, he must first deal honestly with himself.

Recognition of this truth, together with several more years in the school of experience have brought me to realize that many of the prophecies made in the national program of 1922 are now becoming a reality. Thus it has become increasingly more evident that not only is Honesty the best policy, but that it is the *only* policy that wins.

Therefore in the light of all this, I do not hesitate to declare that my previous acts and influence upon others (although put forth in good faith at that time) were nevertheless unfortunate.

Now the reason for this is due to the fact that after studying the national program further, it dawned on me that it was not being fostered with the intent of depriving any one of his personal privileges. Nor was it advanced for any personal animosity

expecting it to create a greater amount of interest for any particular individual or Chiropractic institution.

Contrary to this apparent belief, some few years ago the whole program was sponsored to protect a great principle, moral and otherwise. Therefore, realizing this, I cannot sanction my previous position, for, in the first place it would jeopardize a moral principle, further, it would jeopardize the true principles of Chiropractic, thirdly, it would infringe upon the rights of those who practice it, and finally, it would jeopardize the personal liberty of the sick to get well by the method of their choice.

W. B. HALSTED, D.C.

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CHAPTER 63

The Story Of AN ANSWER TO THE ONLY MAN WHO HAS QUESTIONED PRIOR ARTS RIGHTS

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The prior arts rights question is not a new one. It was not born today to meet a new problem of today. The courts of this country have faced the prior arts rights question ever since the Magna Charta established the fundamental method of jurisprudence of this country. The courts have faced it in every issue of paramount importance that has reached to it for a final adjudication of the warring theories or so-called rights with which men dispute between themselves. Land rights, water rights, copyright, patent rights, scientific rights are all prior arts rights which our country has been settling in cases in every state in our union from the beginning of our government. That Chiropractors do not like it, now, does not and cannot change it. That it is now squarely before the chiropractors and is beginning to gain entrance into their consciousness is no reason it is new.

We who have understood this problem have been consistently for over 30 years trying to arouse our profession to a clear understanding of it. We have consistently approached this problem, first one way, then another, under many headings, in many forms — always coming back to the issue that differences in sciences *must be genuine* differences if they deserve to have a difference established in law. While this is good common sense, it is good common law and therefore has been established as good legislative law as well as interpretative or construed law by our Higher Courts. The only thing new about this “propaganda” is that some of the minds in our profession are *just beginning* to understand its importance.

The paper which questions this issue says: “Briefly stated, this bluff and bluster about prior arts rights amounts to this: We are solemnly assured that we are about to be exterminated for having dared to invade the sacred and purely private practices of

the medical man and the osteopath." I have stated that the courts have stated what are the defining and confining lines. I have stated that the courts state that anything that is medicine belongs to the medical man. I have stated that the courts state that any person who desires to practice medicine can do so under such conditions, rules and regulations as will be laid down by medical men. I have stated that our courts have said that much that many "chiropractors" are doing is the practice of medicine. I have stated that our courts have stated that if any Chiropractor wishes to practice medicine he can do so under jurisprudence laid down by the medical statutes, medical boards and medical legal rulings. If it is true that 90 per cent of the Chiropractors are practicing 90 per cent of medicine *according to the rulings of our courts*; if it is true that they can do all this under a medical board; and, if it is true that they must go under a medical board and a medical license and a medical education to gain the prior arts rights *to do all this*—if that constitutes "extermination" then I am ready to concede the statement as being a correct interpretation upon my statement.

"Just where our informant got the idea that physiotherapy was ever a part of the practice of medicine, in the definite legal sense of that term, we are not told." I have stated that when questions of differences of sciences finally reach the Supreme Courts, they decide the question according to principles involved. The courts have repeatedly held that diagnosis, treatment of disease by the use of stimulative or inhibitive methods constitutes the practice of medicine. If "physiotherapy" or any of its methods uses the principles of stimulation or inhibition, then it is purely a question of the practice of medicine within the legal rulings handed down in thousands of cases.

The author of that article quotes certain sections from the Washington (District of Columbia) *introduced* bill. In them he cites certain sections. Legislators can write anything they please, introduce them as acts, and even pass them as statutes. They are *not* law, however, until such a time as the Higher Courts have interpreted, construed and tested the constitutionality of those things written into acts and passed as legislation by legislators. Any person can quote sections of *proposed* legislation in rebuttal to any thing, but when I quote *Supreme Courts*, there is no further word. Prior arts rights are not based upon sections of pro-

posed legislation, neither are they based upon *passed* legislation. *They are based upon the construction passed upon such bills after they reach the supreme courts* — a subject totally ignored by the person who questions this subject.

In one part of Dr. Hayes' argument, he quotes: "Here is what a typical Basic Science Bill, the one some folks lost so much sleep over, says about physiotherapy" and then he quotes two provisions out of a *proposed bill*, one that *was introduced* in the Congress at Washington. He calls it a "Bill." It isn't. It is a *proposed bill*. Anybody can write anything into a *proposed bill*. But, quoting a *proposed bill* and quoting a *bill as passed* are quite two different values. And, even tho this were a *passed bill*, it is still far from having its value tested until the Supreme Court has passed upon its construction. *The Backwash* deals entirely with the opinions of *Supreme Courts*, not with *proposed bills*.

This man's mental processes of approaching this problem are as follows: Having quoted two sections of this *proposed bill*, he says: "That rather lets the wind out of the basic science portion or prior arts rights, doesn't it? Instead of trying to *include* (italics his) physiotherapy, etc., in the practice of (drug) medicine and surgery, it specifically *excludes* them. It puts them right where they belong, under the law, as the *common property* of *all* healers, and the special property of *none*. The A.M.A. lawyers know some law." All of this might have been true, if the *proposed bill* was a statute on the law books and had been *interpreted as final law by the Supreme Court* — none of which has occurred. Basing entire conclusion on a *proposed bill* that has not passed any legislative body is a weak argument especially when *Supreme Courts* have repeatedly held to the contrary provisions of its *proposed conditions*.

"This prior arts rights artist tells us vehemently that the practice of Chiropractic consists of finding and adjusting vertebral subluxations, nothing more, nothing less." I have stated that the Supreme Courts so hold. I have further stated that it would make little difference whether I held that or not, whether *he* does or not, whether any of us agreed with it or totally disagreed with all of it — the Supreme Courts have spoken and they have so held.

"— the courts of last resort have long since decreed that any and all things whatsoever that are done to determine the physical state of a patient or any part of him, especially with a view of basing any sort of remedial measures upon findings thus arrived at, are *Diagnosis*, altogether regardless of what name or names may be used to describe the process employed." To this statement of facts. I have totally agreed; but, in the same breath I have totally discounted it as only *part* of the total of the truth on this question. When acts are being questioned on their constitutionality, having been raised because of a conviction based upon a criminal action in violation of a statute, I have thoroly agreed. But this man does not state that there is also another side to this question — the mal-practice issue — wherein issues are raised based upon scientific differences existing between sciences, wherein the questions of schools and what constitutes a "practice" are being tried. This writer totally ignores *the* issue that *is the* issue in the case, upon which *all* prior arts rights questions arise and are settled by the higher courts.

Our questioner argues that portion of his justification at great length. So far as he goes, on one half of the question he is right. Now if he would but state *the other half*, blend them together and get his common legal denominator, he would reach the truth and *all* that truth.

Our questioner makes another good point. He says there are two definitions of the practice of medicine. 1st. The practice of medicine, in statutory definition. 2nd. The practice of medicine as triable in court under that defining clause. In the trials of such criminal actions, it matters not to the court what you did; if you did anything at all to heal or cure the sick, regardless of method, you will be convicted of practicing medicine. To prove his contention the Prosecutor will read some *Supreme Court decisions* to prove *what the law is upon that question*. The court will instruct the jury what *the Supreme Courts have held the law to be*. There is only *one* definition of the practicing of medicine and that *is the law*.

"The definition is not made for the purpose of guarding anybody's prior arts rights, but solely for a line of demarcation to prevent healers from using methods in which they have not had the required preparation." And this is one of the truest statements made in that paper. It is the Supreme Courts which draw

these lines of demarcation to prevent one group of practitioners from trespassing and stealing the principles and practices of another group of practitioners, because if there were no lines of demarcation clearly defined and confined there could be no restrictions or prohibitions to those who were not properly qualified.

"The idea that the law would *forbid* you to study and use these things is the most perfect piece of absurdity on record." The Supreme Courts do not and cannot forbid any person *studying* anything. But the Supreme Courts have seen fit to draw keen cut lines of differences between principles and practices of one profession from another, to confine each to his own, to protect the public from incompetent practices of either. If this be absurd then make the most of it.

The citation of the osteopath in this equation is well taken. Wherever the question of what an osteopath does has been passed upon on the civil side of the question in mal-practice cases and has been construed by the Supreme Court, then the decisions have been squarely in favor of the fact that if the osteopath did nothing BUT osteopathy he was safely within his prior arts rights. And, if he went outside of the bounds of osteopathy and trespassed and stole the medical principles and practices, then he was convicted of trespassing and stealing the prior arts rights of others.

I am convinced that that article, purporting to have been written by a Chiropractor, was not so written. A copy of this article in an earlier form was taken to some local lawyer, who might otherwise be a good attorney, knows but little about the law on this specialized subject and rambled on in giving an off-hand opinion which contains just about as much truth as does any attorney's off-hand opinion until he has briefed the entire question thoroughly.

The West Virginia Chiropractors' Association has so far issued two numbers. The first contained a lengthy article entitled "The Truth About Prior Arts Rights." I read and studied his article carefully. If Supreme Courts were wrong, and Dr. Hayes could point out where they were wrong, or where I was wrong in quoting the principles of Supreme Courts, then I am as anxious to know that as he is to prove it to the Chiropractic profession. This is the first and only article, written by anybody, that attempts to

discuss the prior arts rights question as it pertains to Chiropractic, pro or con. Dr. Hayes is the first man who has taken issue with the facts, notwithstanding I have appeared before some thirty State Chiropractic conventions and some fifty other groups of Chiropractors, over a period of two years, many of whom had their attorneys there to prove the position I would present as untenable. It is to be said to their judgment that long before I was through they admitted the legal issues raised were sound, that they could not challenge the Supreme Court issues and so reported back to their various associations. After analyzing Dr. Hayes' article carefully, I can see where anybody who did not study ALL the truth could be misled by his statements of half-truths. I even went so far as to start writing an article showing where he was right on the half stated, because his ENTIRE argument is based upon the interpretations given by Supreme Courts on questions of constitutionality on issues raised before it for violations of statutes in the criminal courts. *He has completely ignored, gives no thought or reason to, and completely omits all reference to the opposite AND MORE IMPORTANT side of that double-edged sword, the malpractice issues, or the thousands of decisions based upon other health questions all of which show a decided unity of action along a direct line with a certain purpose and with a fixed attitude towards the certain principles and practices of prior arts rights.*

In my article, THE GREAT UNDERTOW, both sides are presented. The more I analyzed his article, the more convinced I became that as has been suggested he had taken one of my "THE BACKWASH" articles to one of his LOCAL lawyers, who, with the local lawyer's view without due investigation, research or briefing the many questions involved, hastily dictated that article which was later embellished by the personal enmity of Dr. Hayes. There was much in it that was purely personal, prejudiced and vituperative and the entire article was written as a vehicle for the expression of that objective.

PRIOR ARTS RIGHTS is a question which no one, lawyers included, is competent to pass an opinion on, off-hand, especially in its application to this special branch of HEALTH SUBJECTS, until they have briefed it down exhaustively and thoroughly. From that standpoint, Dr. Hayes has ignored ALL the issues of fact. His article itself needs no answer, neither does THE BACK-

WASH need defense, for in none of his arguments has he contended that the facts therein presented were wrong, because he hasn't mentioned them, and *The Backwash* needs no defense because its position has not yet been challenged.

Dr. Hayes' second article of thirteen pages is personal and does not bear on the question of PRIOR ARTS RIGHTS. Just as the first article confined itself to the CRIMINAL ISSUE alone and totally ignored ALL CIVIL OR EQUITY QUESTIONS, so does his second article print only Dr. Morgan's correspondence and none of mine. If both sides were presented on both issues, the truth and the facts would be obvious to all who read. Dr. Hayes has now placed himself in the unpleasant position of concealing one half the facts in both situations. The BACKWASH attitude has been "NOTHING TO CONCEAL, EVERYTHING TO REVEAL." Dr. Hayes' position is, ONE HALF TO CONCEAL, ONE HALF TO REVEAL.

Now comes the Lincoln College Bulletin. They have seen fit to reprint Dr. Hayes's article with certain personal and vituperative personalisms omitted. By a check of Dr. Hayes article, and the article the Lincoln College Bulletin has seen fit to print, as they say: — ("We have omitted a few lines from the original".) We find they have omitted entire paragraphs, entire sentences in others, changing words and inserting others with different meanings than Dr. Hayes intended. These omissions (by the Lincoln Bulletin) are the VERY REASONS why Dr. Hayes printed the original article — they were intended to be personal and gave him an opportunity to vent his mind. The Lincoln Bulletin, by omitting these, takes the REAL objective out of the article and destroys its original purpose. They have also gone on record as "never has, does not now, nor has it any intention of teaching Physiotherapy" — but, for fear this statement might offend, they quickly modify that by saying: "— we feel that the use of adjuncts by the Chiropractor is a personal matter which he should be permitted to decide in his own practice without being subject to ridicule or condemnation." We think the policy they follow is therein clearly stated. The reprinting of this article gives them an opportunity to reprint another's article without saying so direct regardless of whether right or wrong, deleterious or constructive to the profession at large.

I am not now concerned with Dr. Hayes or the Lincoln College group, nor am I concerned in supporting myself, or my position if such needs more support than truth and facts. That Supreme Courts have spoken is sufficient. *No person* has yet approached this question of PRIOR ARTS RIGHTS fairly, squarely and fully with the ability to prove it wrong. The writing of a one-half understood argument does not deny it. The reprinting of another's article, without clearly understanding even what that article said, does not prove PRIOR ARTS RIGHTS wrong. I am not concerned with carrying on any personal quarrel. I AM, THOUGH, VITALLY CONCERNED WITH THE PERPETUATION OF CHIROPRACTIC; and what that is needs no substantiation from me.

I have never wishy-washed, blown hot and cold, up one side, down the other, or played fast and loose *with principles* regardless of whether it was popular or unpopular. I have never tried to say anything for the sole motive of getting in good with the mass. I have never tried to play both ends against the middle, because I know only too well that neither end nor the middle knows where to find such a fellow; neither have I ever thought or said those things which made me "a good fellow" with good fellows. I have never gone amongst Chiropractors and tried to say those things which I knew they wanted me to say so they could say that I agreed with them in the doing of those things which were *destructive* to Chiropractic. I have, on the reverse, always thought those things, said those things, spoken, written and printed those facts which I believe true, right, and best for Chiropractic even though they were for the time being against the wishes of the most of our Chiropractors. I have met issues with facts, problems with truth, spoken them without mercy; and, to do so, have often injured MY standing immeasurably with my own people — but, in the long run, after the many have followed many false prophets, you have found that my position WAS sound, WAS correct and THAT CHIROPRACTIC WOULD HAVE BEEN BETTER OFF IF YOU HAD FOLLOWED THAT DIRECTION.

So long as I am convinced that the PRIOR ARTS RIGHTS issue is sound, (and as yet none have challenged it) then it still remains for somebody fully advised and schooled in all the facts

to prove it to the contrary; and, until it is so proved to the contrary, it still stands as a vital issue in CHIROPRACTIC ranks as a constructive matter of policy no matter by whom attacked.

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CHAPTER 64

The Story Of

THE PROGRESSIVE CHIROPRACTOR

(Fountain Head News, August 11, 1928, TWENTY-THREE YEARS
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We hear much these days of the wonderful progress that has been and is being made in the various arts and sciences. We also hear something about the Chiropractor who is progressive. Just what constitutes a progressive Chiropractor, is the question which I wish to clear up in your minds through the medium of this article.

The graduates of some schools and colleges that pretend to teach Chiropractic will advance the thought, and try to make others believe it, and some week-kneed Chiropractors from a real school will swallow it, that a progressive Chiropractor is one who is broadminded and does not stop at a "punch in the back" to get his patients well; but who will fuss over them for an hour or so, with a diathermy outfit, violet ray, mineral fume or other baths, vibrators and a host of other things that do not remove the cause of disease but only treat effects. Chiropractic is the only method that really removes the cause of disease. All other methods only treat effects of disease. Medicine has been treating effects all through the ages down to the present time and has gotten nowhere in eradicating the cause of disease, for any number of diseases are as common today as a century ago. Medical doctors have been treating effects of diseases by all sorts of electrical and other apparatus and all have been found wanting in getting to the cause. It is beyond me to understand why some "progressive" Chiropractors and Chiropractic schools want to use these adjuncts after the medical profession has tried and used them with little or no results. All of these things really belong to the medical profession anyway, so why try to get into medicine by the back door, and then kick because the medical association stirs up trouble by having Chiropractors charged with practicing medicine when they really are doing that very thing by using these things? If a person wants to use any or all of these various treating adjuncts let him, but he has no legal or moral right to

practice under the guise of Chiropractic. There is only one reason, as I see it, why there are so many mixers; they do not know and have not been taught the real and genuine Chiropractic in all its fullness.

Now, let us see what a real and true progressive Chiropractor is. Firstly, a progressive Chiropractor is one that had B.J.'s Vols. I, II and V, together with the new "Chiropractic Textbook" Vol. XIV and such other books along this line as he can obtain. A progressive Chiropractor not only has them but reads and studies them. I have heard Chiropractors contend that Vol. I has nothing of value for the present day Chiropractor. I contend that while it may not be as valuable as some others, it has a world of information and any one will be a better Chiropractor who reads it and studies it as he should and then tries to apply it in his everyday practice.

Secondly, a progressive Chiropractor is one who does not run his fingers down the spine of a patient in a couple of seconds, and then rush him to table and adjust any old place; but is one who tries to apply his philosophy in each and every case and really looks for the causative subluxation and the position in which it is subluxated.

Thirdly, a progressive Chiropractor is one who attends Lyceums and the NCM classes in his territory in the spirit of co-operation and really tries to learn something and brush up on the new points that are brought out at these meetings. He should not take the attitude that because it comes from the home of B.J. it is no good, but should be willing to learn and improve himself in order that he can render better service to his patients and at the same time be a credit to his profession.

Fourthly, a progressive Chiropractor is one that is not ashamed of his science and art and who uses the various methods of advertising to instruct the public as to the merits of this great science and art of obtaining and preserving health.

Fifthly, a progressive Chiropractor is one who is doing all in his power to foster favorable legislation in his particular state, not only for just a license, but to preserve Chiropractic in its original state as given to the world by D. D. Palmer and kept so by his famous son, B. J. Palmer.

Sixthly, a progressive Chiropractor is one who does not render a judgment against some new development in the science until after thorough examination as to its merits or demerits. Many a Chiropractor passes snap judgment against the Neurocalometer without ever seeing one of the instruments, let alone seeing it actually tried on different kinds of cases. Also, many Chiropractors have a Neurocalometer and then deliberately forget all they have been taught in the technique class, and put it on the shelf because it doesn't do as they think it should when the fault is entirely within themselves. If the Neurocalometer only does the one thing of making its user think and study out the various problems which it raises, and think out the correct philosophy for that particular case, it will have been a wonderful addition to the Chiropractor's equipment. Then, too, lots of Neurocalometer users are too "busy" or indifferent to attend the technique classes in their district to get the latest ideas, and then kick and knock the Neurocalometer because they do not get the results they think they should get.

I hardly think it is necessary to mention the Spinograph in connection with the progressive Chiropractor because they are all pretty much in favor of it now. However, there was a time when it was fought as hard by the profession in general as the Neurocalometer was when first announced. The time will soon be here when the Neurocalometer will be accepted and with as much favor as the Spinograph is today.

I know a lot of Chiropractors who see this and read it will say the writer is a Palmer School man all wrapped up in B.J. and all that sort of thing. Let me say in conclusion that I am not a Palmer graduate and all that I ever saw of B. J. Palmer was during my two weeks' Neurocalometer course at the Palmer School and hearing him speak in Columbus, Ohio, last January. However, I contend that Chiropractic needs a leader more today than ever before and until someone can lead it to victory better and sooner than B. J. Palmer I am going to stick to him. There is no honest man or woman who knows anything about the history of Chiropractic, who can deny that he has done more for the science and art of Chiropractic than any one else within or without the ranks of Chiropractic.

(Fountain Head News, August 11, 1928, TWENTY-THREE YEARS
AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 65

The Story Of WHERE THERE IS NO VISION

(From the Virginia News Letter)

(Fountain Head News, November 10, 1928, TWENTY-THREE YEARS AGO. Published by The Palmer School of Chiropractic.)

It is sometimes hard to understand the motive or principle behind a person in the things he says or does. Sometimes it is hatred or maliciousness, and that is hard to excuse. Sometimes it is ignorance or lack of vision, and that is pitiful. Sometimes it is prejudice or jealousy, and this is too bad; but regardless of which is the actuating motive, the results are often disastrous for all concerned; for, as has truly been said, where there is no vision the people perish.

For several months, B.J. has been pointing out the dangerous route many Chiropractors are traveling by branching out into the fields of medicine. Often the Chiropractor does not trespass far, he may merely straddle the fence or just drop over enough to diagnose, prescribe or use medical diagnostic instruments, but even so he is trespassing on the Prior Arts Right of medicine and is liable. B.J. has pointed this out and clinched his point by Supreme Court decisions. He has pointed out that the Basic Science laws are merely the outgrowth of this trespassing of Chiropractors into medical fields. He has sought to show also that the only safe procedure for Chiropractors is to stay religiously within our own fields, because by so doing we cannot be touched by the courts of last resort. He also points out that medical doctors cannot testify against Chiropractors in mal-practice suits if the Chiropractor adheres strictly to his own school of thought and practice — straight Chiropractic.

This reasoning is logical, but the basic thing about it is that the Supreme Courts stand squarely behind these principles. There is no way around them. The facts cannot be successfully refuted and never have been, but here is the sad part. In a recent issue of a certain school bulletin and a State Association bulletin, a wild tirade was made against B.J. and his argument on Prior

Arts Rights. An attempt was made to show that B.J. is wrong by quoting from bills proposed before Congress, and by referring to statutes in various states, none of which have been passed upon by the Supreme Court; but the fact that the Supreme Court has already established a standard was utterly ignored.

What do these publications hope to gain, we wonder, by again raising the question of doubt in the minds of Chiropractors? Is there anything to be gained by encouraging Chiropractors to drift away from fundamental principles and get into medical fields? Have we ever profited by this dishonesty, this acknowledgment of doubt in the truth and soundness of our own work? If Chiropractic is right in principle, why need we filch the methods of the medical profession? Do people want that kind of thing? If people had wanted medical methods, would they have left trained physicians to have the same thing doled out to them by what is termed "quacks," and sometimes rightly so? ✓

Let us be honest with ourselves. Do we, as Chiropractors, have any right to practice anywhere except on the spine of our patients? Are we not quack doctors when we do anything else? How many Chiropractors who use adjuncts are competent to use them? How many have ever had any special training in the things they use? Don't you see that by using these cast-offs from medicine, you are getting squarely into their field? In case of trouble, don't you see that only a physician will be qualified to testify as to your skill? And in case you should ever be tried for malpractice, could you expect any mercy from them? Would you deserve any? Reverse the situation: if a medical doctor should appropriate Chiropractic without special training, and should injure a case and be tried for malpractice of Chiropractic, how would you testify if you were called as a witness? Do you blame the doctors for instituting the Basic Science principles? They are strictly within their rights to do this, and the Supreme Court will sustain them in those rights and rightly so.

The two publications are utterly without vision when they aid and abet the Chiropractors who are stealing melons from the medical fields, and regardless of the howl these publications make against B.J. and his argument on Prior Arts Rights, he has the facts on his side and nothing is to be gained by raising the ques-

tion of doubt in the minds of Chiropractors who are forever seeking things to wrangle about.

It is true, as one of the publications points out, we need encouragement, confidence and a fighting spirit rather than fear, distrust and discord. But as I see it, we need courage, confidence and inspiration in the cause of right, in a vigilant fight for clean, pure Chiropractic, and not the brazen courage of the marauder who trespasses on the rights and privileges of others.

Chiropractic does not command the respect and confidence that it once did and the reason is because so many have wandered from fundamental principles and made a hodgepodge of our science. If we are to regain the respect of the people, we must get away from petty jealousies, be honest with ourselves and our patients, render Chiropractic Health Service and recognize Prior Arts Rights. Let us get a true, clean vision of Chiropractic and Chiropractic principles, and we can truly move forward with courage to victory.

AS WE VIEW IT

A few days ago the writer received a letter from an earnest Virginia Chiropractor deploring the division in Chiropractic ranks, making a plea for union, and expressing the hope that I could see the question from a "mixer's" viewpoint and give such an expression in the next News Letter. So here it is:

I like to be tolerant with people. I believe I understand the position of the mixer. I know he is as earnest as you or I, and just as sincere in what he does.

Here is his viewpoint. A case comes to him and gives his symptoms. He, as a Chiropractor, realizes that it is a hard case. He knows Chiropractic has its limitations. He feels that a purgative, enema, or a course of diet would be a great help in getting results, in getting the system in a condition in which Chiropractic could do its best work. His reasoning may be good. There are old chronic cases in which all of us feel, at times, that a little "common sense" would be a help. Then there are other cases on whom he feels that Physio-Therapy would be helpful. Lights, vibrators or baths, he is sure, will be an aid. "After all," he argues, "it is not any particular method that the patient wants, it is health," and he feels it his duty to render this service to the sick.

That, I believe, is the mixer's viewpoint, and I will not deny that he has reason on his side. I will not deny that there is good in what he does, but the question I raise is that it is not Chiropractic. It does not belong to us. It has been used by medicine and rightly belongs to that profession. It is theirs by Prior Arts Rights and when we use it we are stealing or appropriating it from them. Therefore, we are putting our head in a noose and sooner or later some one is going to spring the trap and leave our body dangling in the air. That is the danger. That is a thing we should avoid if we are to gain favor before legislatures and avoid pitfalls in mal-practice suits.

Let us consider this question for a moment. What is the theory, the art, philosophy and science of Chiropractic? Is it not based on the principle that a subluxation in the spine pinches nerves, interferes with transmission of mental impulses, thus producing disease? And is it not our theory that spinal adjustments release interference, restore transmission and result in health? Is that not all that belongs to us fundamentally? Is that not the only thing that the doctors do not claim and have no right to claim?

The Supreme Courts have held that a practitioner of any school (system of healing) is only required to exercise such reasonable care, skill, diligence or judgment as is taught, practiced or recognized by his particular school of thought.

Now, these two points (the Chiropractic principle and legal right) being clear, it follows that in case of mal-practice if the Chiropractor can prove that he did nothing but straight Chiropractic, the only witness that may appear to testify as to his skill must be a fellow Chiropractor. Neither a medical doctor, osteopath nor even a mixer Chiropractor may appear as a witness, while the Chiropractor is only required to exercise such reasonable care or skill as is ordinarily required of one practicing the same principle as he. Don't you see the point? Don't you see it is a matter of safety for the Chiropractor to keep straight? Even though you may be trained in Physio-Therapy, it is still considered a part of medicine, therefore in case of trouble, physicians may testify against you and what consideration do you think you would get from them?

It is the privilege of the Chiropractor to use any method he chooses, but legally it is an unsafe practice. Naturally, one does

not like to be restricted. Vanity makes one like to display a showing of superior learning. One may want to hold himself out as a real (?) doctor, rather than as a lowly Chiropractor. If you do, go to it; but we repeat again, it is unsafe, unsound and dangerous, both to Chiropractic and the Chiropractor.

Remember when we write against this practice, we have no malice, we have only sympathy; but, for the sake of the future of Chiropractic keep our science clean. Go straight.

THE VIRGINIA NEWS LETTER.

(Fountain Head News, November 10, 1928, TWENTY-THREE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 66

The Story Of

IS CHIROPRACTIC THE PRACTICE OF SURGERY?

IS "SPINOGRAPHY" A PRACTICE OF MEDICAL X-RAY?

ARE SPINOGRAPH AND NCM USING MEDICAL PRINCIPLES AND PRACTICES? ARE THEY MEDICAL "ADJUNCTS" BEING USED BY CHIROPRACTORS?

(Fountain Head News, November 10, 1928, TWENTY-THREE YEARS AGO. Published by The Palmer School of Chiropractic.)

The National Journal of Chiropractic (Sept., 1928) contains an article, titled: "Prior Arts Rights."

In this article Dr. Budden says:

"Was manipulation of the spine never practiced therapeutically before? Was this an original discovery? Was it unknown to anyone else? Was it ever discovered before and if so, by whom? In the answer to these questions lies the danger of prior rights propaganda. Disregarding the various usages by primitive people, let us turn to the record of more recent history. A good many years ago Charcot, the French neurologist, discovered that 'pain in the somatic structures and disease in the visceral organs occurs as a result of pressure exerted on nerve trunks' as they pass through the intervertebral foramina. In 1866, Frank Hastings Hamilton, in his 'Practical Treatise on Fractures and Dislocations' gives very graphic descriptions of adjustments of the spine which were used as treatment by various surgeons during periods ranging from the year 1843 to the date of publication of the book quoted. Now mark; these adjustments, mostly of the cervicals, were performed without instruments and with the hand only and for a therapeutic purpose. On the basis of prior arts rights the above facts show that adjustments of the spine by hand for the purpose of correcting malalignments is clearly the property of the surgeons."

If the statements as made and inferred *were* true, his conclusions would be true. If the statements made are untrue, his conclusions are unsound.

Let us correct the statements, consistent with facts, and then reach conclusions.

In my library is the largest collection in the world of works upon orthopedic surgery. It contains a copy of every book published upon the subject, which is about 400 years old. I have made an exhaustive and intensive study of each and every book, in its each and every section and page, and I fail to find any reference to:

- (1) The discovery of the vertebral subluxation.
- (2) The reasoning that followed the existence of the vertebral subluxation that it
- (3) reduces the normal foramina thru which the spinal cord or spinal nerves emit
- (4) consequent pressure upon nerves
- (5) interference to the transmission of mental impulses
- (6) reduction in the quantity flow thus
- (7) affecting the quality of function at the periphery
- (8) called dis-ease.
- (9) Adjustment of that subluxation, which
- (10) enlarges the foramina thru which the spinal cord or spinal nerves emit
- (11) consequent releasure of pressure upon nerves
- (12) restoration of transmission of mental impulses
- (13) normal quantity flow thus affecting
- (14) quality of function at the periphery
- (15) called health.

Any agency, which directly seeks to locate the exact vertebral place or places of interference to or restoration of the flow of mental impulses between brain and body, via the spinal column including the sacrum, coccyx and ilium;

and, or, any agency which directly seeks to ascertain the abnormal position of the subluxated vertebra before an adjustment and seeks to ascertain the approximate normal position of the vertebra or vertebrae following an adjustment;

and, any method of vertebral adjustment, given by hand, which has for its direct objective the

- replacing to approximate position of the subluxated vertebra,
- to open and enlarge intervertebral or spinal foramina
- to release pressures and tensions upon nerves

— to restore transmission of mental impulses, thru nerves, from brain to body, via the spinal column — shall constitute doing those things which come within the scope of the Chiropractic philosophy and science and shall be construed as being within an all inclusive Chiropractic science and, or Chiropractic art to which the name "Chiropractic" shall be applied.

That *Orthopedic Surgery* existed previous to 1895 is known. The *principles and practices* of orthopedic surgery are known. That *none of them* are anything like or akin to any of the *principles and practices of Chiropractic* is known to those who know what orthopedic surgery is and to those who know what Chiropractic is. Any person not conversant with either, could and would easily confuse one with the other. It would be easy for such a person to be innocent of any deliberate maliciousness to injure either.

That this controversy is not new and has been weighed in the balance and found wanting, is evidenced by my father's first and only work published by him: *The Science, Art and Philosophy of Chiropractic* (1911). Several articles could be cited, but we suggest you read beginning of page 189 thru to page 225, where he has analyzed those books which direct their attention to spinal work that might be construed as allied to our work.

D. D. Palmer, in the article referred to, reprints and republishes a picture (P. 220) of a "Reduction by the Method of Calot." The "reduction" referred to was of *a dislocation* — not a subluxation. Nothing done by Calot was done for any reason established by the Chiropractic principle, neither does he do anything for any purpose established by the Chiropractic practice.

Charcot's *principle* was the "Reduction" of *dislocations*. That is orthopedic surgery. That is *not* the *principle* involved in Chiropractic. It is these *principles* that Dr. Budden has totally overlooked in his discussion of the prior art right question. It is these *principles* that Supreme Courts have inquired into accurately that determine their decisions which we have freely quoted in *The Backwash*. It is possible that Dr. Budden may be profession-

ally right, but he totally disagrees with every Supreme Court legal decision bearing on *every* case where these *principles and practices* are involved. It is possible that Supreme Courts may be wrong; but, right or wrong, it is the Supreme Courts that *we* base *our* case upon in weighing *the prior art right* question.

Referring back to the article by Dr. Budden:

"Was *manipulation* of the spine never practiced therapeutically before?" We know not how far back into history that "*manipulation* of the spine" has been carried on "therapeutically before." The contrast is *Chiropractors* (who *know* Chiropractic) *do not* "manipulate" the spine; neither is anything *Chiropractors* do, done "therapeutically."

"Was this an original discovery?" Manipulation is not original. It is old. Manipulation for therapeutical purposes is *not* original. That too is as old as medicine.

"Was it unknown to anyone else?" No! It has been known to physicians for centuries.

"Was it ever discovered before; and, if so, by whom? Manipulation of the spine, as a therapeutical method is as old as the principles and practices of medicine. *But*, the principles and practices herein laid down as containing the essence of Chiropractic as discovered by D. D. Palmer *are new*; are an original discovery; were unknown to anyone else; were never discovered before. "In the answer to these questions lies" *no* danger of prior rights principles. It is evident that the author of that article does not know the difference between "manipulation" and "adjustment"; Innate Adaptability and "therapeutics." In the absence of *this distinctive* difference lies the danger of one who purports to write *without* the intellectual difference necessary to understand *why* Supreme Courts take such differences into consideration in forming their opinions.

Referring back again: I have the book by Charcot and nowhere in that work does Dr. Charcot discuss *any Chiropractic principle or practice* outlined above; neither does Dr. Charcot carry the quotations to the extent that Dr. Budden would have one believe, viz:

"... occurs as a result of pressure exerted on nerve trunks' as they pass through intervertebral foramina," implying that *vertebral subluxations* did this. Dr. Charcot discusses frankly and plainly, and without any equivocation, dislocations and fractures. The implications suggested by Dr. Budden are foreign to the thought expressed by Dr. Charcot. Facts cannot be destroyed by misquotations, misinterpretations, or misrepresentations. Neither does Dr. Charcot suggest an adjustment for the reasons expressed above, which constitute the basic principle and practice of Chiropractic.

Referring back once more to the references of Dr. Hastings Hamilton, I have this work also.

A *practical treatise on fractures and dislocations*, by Frank Hastings Hamilton, M.D., contains two chapters of interest to us, viz: *Fractures of the Vertebrae* and *Dislocations of the Spine*. It is clearly obvious that the former could have no connection with Chiropractic. It is possible that the latter is confusing to Dr. Budden. I rather think that *dislocations* and *subluxations* have a common meaning, so far as his article is concerned, to Dr. Budden. As Dr. Budden has attempted to overlap Hamilton onto Palmer; dislocations onto subluxations; surgery into Chiropractic, I shall quote sections from the Chapter on "Dislocations of the Spine," letting them speak for themselves.

"Says Sir Astley Cooper: 'I have never witnessed a separation of one vertebra from another, through the intervertebral substance, without fracture of the articular processes; or, if those processes remain unbroken, without a fracture through the bodies of the vertebrae.' He would not, however, be understood to deny the possibility of a dislocation of the cervical vertebrae, their articular processes being placed more obliquely than those of the other vertebrae.

"The accident is, no doubt, exceedingly rare, at least without the complication of fracture, and it is not improbable that the actual number is smaller than the reported examples would indicate. (He did not have in mind the frequency of vertebral subluxations, several of them, in every human being! — B. J.)

"Among the cases reported as having been complicated with fracture, the following example, reported by Dr. Graves of New Hampshire, to Dr. Parker of this city, possesses unusual interest:

"On the second day of January, 1852, a man, age, 25, was struck on the back while in a stooping posture, by a falling mass of timber, causing a dislocation of the last dorsal upon the first lumbar vertebra. His lower

extremities were completely paralyzed, and priapism continued for several hours. The surgeon (not a Chiropractor—B.J.) determined to make an attempt at reduction, (not an "adjustment" as Dr. Budden leads us to believe) and for this purpose he placed the patient upon his face, and secured a folded sheet under his armpits and another around his hips, directing four strong men to make extension and counter-extension by these sheets. (The same as traction-tables being sold Chiropractors, for the same objective—B.J.) Chloroform was administered, and when the patient was completely under its influence the extending and counter-extending forces were applied, and in a few minutes the vertebra glided into place with a distinct bony crepitus. The restoration of the line of the vertebral column was found to be nearly but not quite perfect.

"I know of only one similar case. (Cases of dislocation with "reduction" are so rare that this author quoted by Dr. Budden knows of only "one" similar case. Could a Chiropractor talk thus about "subluxations" and their "adjustment?"—B.J.). Rudiger has published an account of a dislocation obliquely backwards and to the right side, which occurred at the same point in the spinal column. The subject was a musketeer, who had been struck upon his back by a falling wall which he was endeavoring to pull down. Rudiger laid him upon his belly, and by the assistance of others (how many assistants does a Chiropractor need?—B.J.) he was able, but not without causing pain, to reduce the bones. Immediately, however, when the extension was discontinued, the action of the muscles caused the displacement to recur. The surgeon (not a Chiropractor—B.J.) then directed four men to make extension, while another man retained the bones in place by pressing upon them with his hands. (Probably this "reduction" of a "dislocation" by "extensions" is Chiropractic to Dr. Budden. If it is, he ought to go to a Chiropractic school and learn Chiropractic.—B.J.). After several hours this method of pressure was replaced by a board underlaid with compresses and sustaining a weight of more than fifty livres (about 37 lbs.—B.J.). On the following day it was found sufficient to bind compresses over the projecting bone, and in this condition the patient remained fifteen days; during all of which time, he lay upon his belly with his shoulders more elevated than his pelvis. On the twentieth day he could lie upon his back, and in about six weeks he was so completely restored as to be able to pursue his trade as before. This is certainly a very extraordinary case, whether considered in reference to the means employed to restore the bones to place, or to its results; and if the statements are to be received at all, it must be with some hesitation and allowance." (That last part sounds so much like Dr. Budden speaking in reference to Chiropractic subluxation and adjustments but it certainly does not sound much like the every-day ordinary Chiropractor speaking as to his means and his results with Chiropractic work.—B.J.)

"It is not, however, with a life of perpetual deformity that the two examples of reduction already described are to be contrasted. A result so fortunate as this, where the bones remained unreduced, is unique; in all the other cases reported the patients died miserably after periods ranging from a few days to one year or a little more."

"Prognosis. The complete bilateral luxations, (Note, this is not subluxation. — B. J.) whether backwards or forwards, have in most cases terminated fatally within a short time, generally within forty-eight hours. Unilateral luxations are less speedy in their results, but when the dislocation remains unreduced, death generally takes place within a month or two." (There can be no doubt in the mind of any seeker of truth that this writer had no conception of "vertebral subluxations." He was discussing dislocations as they were then, as they are now with the usual death that follows. —B. J.).

"Dr. Berthold, of Nuremberg, reduced a dislocation of one of the oblique processes of the sixth vertebra in a boy, age 19, by extension with his hands and rotation.

"Dr. Wm. J. Morton, of New York, has reported a case of dislocation of the fifth oblique process in a boy twelve years old, reduced after the lapse of one week, by suspension of the head between the hands and rotation.

"The posterior portion of the neck exhibited a sharp, sudden angle at the junction of the fifth and sixth cervical vertebrae, around which the integuments lay in folds. It was difficult to reach the bottom of this angle even with strong pressure of the fingers, and of course the regular line formed by the projecting spinous processes was abruptly lost. He complained of intense and constant pain at this point, which was neither relieved nor aggravated by pressure."

Chapters of the above kind of thing could be quoted from these two books. Why is any of it done at all? To convince you of the kind of thing that Dr. Budden says ante-dated *Chiropractic*; which he *thinks* is Chiropractic; which he gently suggests was where Chiropractic was stolen from previous to 1895. It is easy, when you make comparisons, to find that there isn't much difference between the line of reasoning of Dr. Hamilton in 1866 and Dr. Budden in 1928 — 62 years later; between orthopedic surgery, fractures and dislocations and Chiropractic and vertebral subluxations; between "reductions" and "adjustments." No wonder we find such men advocating physiotherapy and other medical appliances, adjuncts and principles and practices — they do not *know* Chiropractic, or they are deliberately trying to mislead to support their mixing methods of instruction.

"Now mark, *these adjustments*, mostly of the cervicals, were performed without instruments and with the hand only and for a therapeutical purpose." " . . . gives very graphic descriptions of *adjustments of the spine* which were used as treatment . . ." This is a work confined to the study of and reduction of "*fractures*

and dislocations," a subject entirely out of the field of Chiropractic.

Nowhere in this work does Dr. Hamilton use the words "these adjustments" or "adjustments," implying that he was adjusting a *vertebral subluxation* for any of the purposes or reasons outlined above which constitute *the principle and the practice* of Chiropractic. These were cases of caries, necrosis, tuberculosis of the vertebrae, dislocations, or fractures, and it was *these* which Dr. Hamilton "performed without instruments and with the hand only and for a therapeutic purpose" in exactly the same sense, with the same intent and for the same purpose as surgeons do today. *That is not new. Such surgical principles of reduction of fractures and dislocations are none of the principles and practices as laid down by D. D. Palmer or elaborated by me; neither are such surgical principles and reduction of fractures and dislocations any of the things which Chiropractors do.*

The prior art right is based upon the laying down of a *new principle and a new practice attaining a new result which was born and developed in and since 1895* — as outlined above — none of which is even mentioned in a most remote way in Charcot or Hamilton.

Dr. Budden says: "On the basis of prior arts rights the above facts show that *adjustments of the spine by hand* for the purpose of correcting mal-alignments is clearly the property of the surgeons." If *that* statement were true, his conclusion would be sound. But "the above facts" (stated by Dr. Budden) are *not* the facts in either case, therefore the conclusion is unsound. The proper statement to be made, based upon what these books *do* reveal, would be this: These two surgeons found fractures and dislocated mal-alignments of the spine, which they reduced by orthopedic means by the use of orthopedic principles and orthopedic treatments, by hand, which practice is clearly the property of the surgeon, none of which is even a part of any of the principles or practices of Chiropractic.

"This same propaganda, if persisted in and if it had any foundation other than mere, wilful distortion of fact, would also rob us of the right to use the X-Ray. Was the radiation of the spine for the purposes of diagnosis or analysis never attempted until it was done by Chiropractors? Of course it was. As a matter of

fact, medical people were doing this almost before Chiropractic was born. To call it spinography is, of course, to beg the question. The same machine is used, the same technic, the same posture, the same method of development as in any other X-Ray work. It is radiography or skiagraphy, plain and unadulterated."

The Roentgen, or X-Ray, was discovered in 1895. The Chiropractic principle and practice was discovered in 1895. Each was discovered and developed independent of the other.

The X-Ray is used by physicians and surgeons to radiograph and skiagraph normal bones of the entire body, including the spinal column; dislocated or fractured bones, including the spinal column; or soft structures for the purposes of diagnosis; and for treatment. Sometimes this treatment was electrical, chemical, or surgical, and sometimes mechanical, by hand only; on all the structures of the body, including the spinal column. In its history, as used by surgeons and physicians, it had *never* been used to take pictures of *subluxated* vertebrae of the spinal column, because *this* purpose was not admitted to be true either in theory or in fact.

That a vertebra *could* be subluxated was disputed and emphatically denied. It was for this reason that the writer purchased the first X-Ray instrument ever purchased by any Chiropractor for *the purpose of proving the existence of a vertebral subluxation*. A Chiropractor was the *first* to use it. A Chiropractor was the first to *physically and pictorially prove* the vertebral subluxation.

At a subsequent date, the X-Ray was used to *verify or correct* digital palpation of *the positions* of the vertebrae determined to be subluxated. A Chiropractor was the *first* to so use it. A Chiropractor was the first to *prove* that digital palpation could be in error and the X-Ray plate so corrected him.

Physicians and surgeons were the first to *use their hands* to correct the positions of *dislocations and fractures*, including fractures and dislocations of the vertebral column. A Chiropractor was the first to *use his hands* to correct the positions of *vertebral subluxations*. Physicians and surgeons were the first to *use an X-Ray* to radiograph and skiagraph *dislocations and fractures* of the vertebral column. A Chiropractor was the first to *use an X-Ray* to spinograph *vertebral subluxations*.

It appears easy for Dr. Budden to ask a few pertinent questions.

And it is easy for the writer to answer them.

"Was the radiation of the spine for the purposes of diagnosis or analysis never attempted until it was done by Chiropractors?" No! The X-Ray "for the purpose of diagnosis or analysis" of soft tissues, fractures, and dislocations was in constant use by physicians and surgeons. The X-Ray "for the purposes" of analysis of *vertebral subluxations* was first used by Chiropractors. "As a matter of fact, Medical people" were using the X-Ray for the purposes of diagnosis and analysis of soft tissues and dislocations and fractures, beginning in the same year Chiropractic was born.

No people but Chiropractors discovered and developed that technique which made the application of the X-Ray to the discovery and development for the purposes of ascertaining the positions of *vertebral subluxations*, both before and after an adjustment upon the same.

The principle of medical use was the "diagnosis and analysis" of soft tissues; or, dislocations and fractures of the various bones of the body, including the vertebral column. The principle of Chiropractic use was the analysis of *vertebral subluxations*, nothing more, nothing less; a condition which medical men persistently, consistently, and insistenty denied *could* exist. This difference in use, of the same principle involved, Dr. Budden has totally overlooked in his discussion of the prior art right question. It is *this dissimilar use* that Supreme Courts have inquired into accurately, that determine their decisions which we have so freely quoted in our article. It is barely possible that Dr. Budden may be right, but he totally disagrees with every Supreme Court decision bearing on *every* case where these *dissimilar uses* are involved. It is barely possible that the Supreme Courts may be wrong; but, right or wrong, it is the Supreme Courts that we base our case upon in weighing the prior art right question.

Dr. Budden thinks that because we change the name from "radiography" to "spinography" is to beg the question. I do not agree with him. As well say that an "automobile" and an "airplane" are the same because they both are motored by an internal combustion engine. As well call a "bird" and an "airplane" the same because they both fly. New names are coined to express either entirely new principles, new practices, or new uses of old

principles or practices, as happens to be so in the changing of the term radiography to "spinography." The *new* prior art right was entitled to a *new* title to *differentiate* it from all older uses of older principles and practices.

True, "the same machine is used," not quite the same technique, "the same posture" is, "the same method of development as in any other X-Ray work" *and yet, in spite of this, there is a marked difference*, and that difference lies *in the purpose for which this is being used*.

The comparison is similar to that of the NCM. We took a galvanometer and a thermo-couple, hooked them together and called it a "neurocalometer." Dr. Budden would contend that "To call it a neurocalometer is, of course, to beg the question." I am not concerned in what Dr. Budden thinks, but to know whether the U. S. and our Courts agree with him.

The galvanometer is not new. It was old previous to our use of it. The principle and practice of the thermo-couple is not new. It was in use previous to our introduction of it. The hook-up of the galvanometer with the thermo-couple is not new. It was in use previous to our use of them. The use of the hook-up between the galvanometer and the thermo-couple with two or more heat testers, used by physiologists for the purposes of securing comparative temperature in various parts of the body — is not new. The comparing of different points of temperatures was not new. Used for *our purpose*, with *our process*, constituted a *new prior art right* to which we were given an exclusive process patent.

We announced that we were applying for and would secure a *process patent*. Because of the above information being common to students of physics, patent attorneys, and Chiropractors, all said we could not get a patent on any idea or instrument all of which was old, all of which had been patented and the patents had all expired.

But, in spite of this, the U. S. Patent Office said that when we took a galvanometer, hooked it up with a thermo-couple, went down both sides of the spinal column and read comparative temperatures, *and did all this for the purposes outlined in the beginning of this article — which constituted a Chiropractic principle and practice* — The U.S. Patent Office said that *the purpose for which we were using the old things was new and therefore issued*

a new patent upon a new use of an old principle and practice. Not only is this position sound, in patent law, in the U. S., but some nine other civilized, educated countries have issued the same opinion. In three different suits, including the Healey case, the Courts have validated that patent and sustained the opinion of the patent office, as constituting *a new prior right in science.*

It is another case of "the same machine is used, the same technic, the same posture, the same method of development" but for a different purpose, attaining a different result.

What difference is there, for instance, when a Chiropractor uses a clinical thermometer? What is its use for? Can he ascertain where the vertebral subluxation is by the use of such in the mouth, axilla, rectum? Does its use predetermine the position of that vertebral subluxation? Does a blood pressure instrument tell him whether the vertebra has been so moved that it has directly released the actual pressure upon nerves? Does the use of a urinalysis ascertain whether there is a spinal nerve pressure, or a spinal cord pressure, or a spinal cord tension; and, if so, where and how? The use of a thermometer by a Chiropractor is for the purpose of determining whether the patient has fever or not; the same purpose a medical physician would use it for. Its use does not aid the Chiropractor in anything Chiropractic! Its use, by the Chiropractor, is to make himself appear a physician in the eyes of his patient who has been trained to believe that medical instruments and medical principles and practices are of some value in diagnosing and treating diseases. A Chiropractor can be a Chiropractor without the use of any medical instruments, principles, or practices, but he can be a better one. A Chiropractor *can be* a Chiropractor, never having seen or used *any* medical diagnostic instrument.

The use of any medical diagnostic instrument is a case of "The same machine is used, the same technic, the same posture, the same method of development as in any other" medical doctor's office. It is medical diagnosis, plain and unadulterated. The use of the same medical instruments used to the same end that a physician uses them, constitutes, in law, the use of the medical principles and practices. It does not constitute a prior art right — to the Chiropractor.

(Fountain Head News, November 10, 1928, TWENTY-THREE YEARS AGO. Published by The Palmer School of Chiropractic.)

CHAPTER 67

The Story Of A CHIROPRACTIC NEW YEAR'S ANALYSIS

(Fountain Head News, January 19, 1929, TWENTY-TWO YEARS
AGO. Published by The Palmer School of Chiropractic.)

From the beginning of time, feeble man has attempted to limit each new idea born to his present-day concept. History is replete with examples of where tomorrow has been forced by men of today to keep itself within the purview of men who live in today. From the beginning of time, as men outgrow their feebleness, they have been stretching their age, broadening their horizon, pushing back those limitations which they found themselves involuntarily hedged with. Has man progressed because he reasoned it better, or because other men forced him?

Electricity was born in a humble way, to accomplish crude objectives. Strong-minded men of *older days* said limited uses were all it was good for. Other men, "visionaries, hair-brained fools, wild and flighty fellows," saw electricity as a power; an energy; unlimited in its uses; limited only by the limitations of men to know how to use it. They saw it moving flying machines, moving sub-sea ships; saw it skidding over the earth at frightful rates of speed; saw it shooting thru the air at 186,000 miles per second; heard it carrying messages and music thru the air. Everybody, of course, called them crazy because *the dreamer* saw *no limitations*; called them crazy because the same men said *they did* see limitations.

Airplanes were born to skip 100 feet off the earth, fall, and kill somebody. Strong-minded individuals of the older order said that was all they were good for. Other men, "harum, skarum, thin-shelled, peanut-thinkers," saw airplanes flying around the world, carrying commerce, mail, and people of the world on their backs. The educated, college-trained, intelligensia called them crazy because *they* could see thousands of reasons why none of these dreams of a heavier-than-air machine could be developed.

Radio was born to send forth a dot-and-dash from ship to shore. Many studious professors and national figures in politics and

business saw that that was all it was good for — if it was good for that. I recall attending the San Francisco Exposition and seeing Marconi (himself) demonstrating wireless telephony from one part of the building to another. Here was another “addle-brain fellow” trying to sell “blue-sky stock” at 10 cents a share, to get money to develop “another foolish dream” for the purpose of “exploiting his fellowman.” He had few listeners and few buyers. He “ranted and raved” about future potential possibilities of talking from one country to another — around the world even, without wires. The vast majority of commoners *knew* he was crazy, for “talking *was limited* to the use of wires.” One by one, other “dreamers and visionaries, crazy fools,” *who knew not that it could not be done*, bought stock and encouraged the idea. Of course, college professors who had dabbled in physics knew the limitations; hence wasted no time on such “idle childish prattle.” I recall the day I decided to add myself to this growing list. I got into radio. I have never regretted putting myself in that class, because I have seen millions who came to scoff, live to praise, buy radio receiving sets, and become addicts to the D-X hound classification, trying to get Portland, Maine, or San Francisco, Calif.

Chiropractic, too, is no exception to this rule. It was born of a definite set of principles. These, like electricity, airplanes, or radio, are either sound in entirety or unsound in totality. If *right*, then it is *right* all the way thru. If *wrong*, then it is *wrong* in its entirety. There are no half-way stopping points to correct principles. There may be, and there usually is, *a temporary limit to the development of that idea by man* in his historical set-up; and there usually is a historical stepping-up of its progress, year by year, gradually broadening *its application*, until eventually the field of usefulness steps-up and steps-out until things impossible yesterday are quite the ordinary today.

It is interesting for some of us to sit by and watch the passing procession. I have seen Chiropractic come from its very birth. I have seen thousands of people begin its study, profess its belief, and *then begin its constructive application*. I have seen thousands begin its study, profess its belief, and *then begin its deliberate destruction*. I have seen many thousands of these get a smattering understanding of its principles, and from that understanding on, stand still until they die, refusing to gain more of its understand-

ings, refusing to grow with its developments, refusing to move on as the mass moved on. I have seen, by contrast, a few stay with the going group; grow, expand, develop, study everything consistent with that principle, and prove that its application in practice *was unlimited*.

Some men are not afraid of the advent of a new idea. Others go about with hesitation and fear. Some men know not that they know not. They accept and grow. Other men know that they know. They reject and decay. Still other men step out, absorb *a portion* of a new idea, grow fearful and begin doubting the rest of it. Even Thomas doubted. Some people like oyster stew, but refuse to eat the oyster.

Everything is supposed to have a limitation. Where that limitation is, with anything, nobody knows except him who knows it, places it and so proclaims himself in printer's ink, only to be shoved to one side tomorrow by the man who is denying its limitations. I have heard men in our ranks say, "Chiropractic *has* its limitations"; but, if so, *those limitations are not within its principles and practices*. Those limitations, if there be such, are circumscribed entirely by the horizons of *men* who arbitrarily refuse to move or be moved upon. I have seen men get *outside* of the Chiropractic principle and practice; get *inside* of the medical principle and practice; become imbued with the correctness of the incorrectness of medical findings; bow to the greater instability of the more generally accepted faiths, and forget that they are adherents and devotees of *a new* principle and practice; and run wild endorsing the older incorrect methods; rather than spend the energy, time, labor, and faith necessary to develop themselves to a more correct understanding of the deeper and undeveloped properties lying dormant within themselves. Many a man stands still, in the third floor back.

Those who see *no limitations* live out in an open forest, unhedged, uncontrolled; forging a new country out of vast natural resources. Those who *see limitations* are surrounded by a multitude of educators, librarians and colleges galore. The one is an outcast without backing, mental or physical. The other lives in the lap of luxury, in the cities' crowded gorges of modern minds. The one is a freak, a barnacle, an unnecessary excrescence that has drifted away from society and is always disturbing the peace and

comfort of the many. The other is a pampered pet, the orthodox, the accepted member of the ultra-four-hundred. The one builds an internal resistance, by vigorous mental and physical work; while the other sits and softens and has it shot in from the external with the putrid pus of rotten animals. Each is a problem to the other. Each is an enigma. The one who goes cannot understand why the other stagnates; the one who hesitates cannot understand why the other goes. No more can the worker understand the drone, than the hobo can understand the laborer; no more can the thinker who forges ahead understand the ignorant who filches thots and lives amidst the ruins of dead men's shoes of centuries long gone. The animal builds itself and cannot understand the blood-sucker; neither can the sycophanting tick understand why the animal builds. The preponderance of precedent, the mass of mass opinion, the general way the general run think, are all against the pioneer who thinks out of today into tomorrow; who reasons away from today and for tomorrow. And that smug-self-complacency of the other exhibits itself sitting serenely satisfied in his lot as of this hour, backed up by the larger group who live yesterday today. Ignorance of vision has always been a handicap to understanding of that vision. Ignorance is in the hands of the man, while vision is in the minds of the few.

One shouts "*no limitations*," but he is heard only in a whisper, for all entrances are closed. The other whispers, "*all is limited*" and he is heard in a shout for all avenues are open. One dies trying to get out a new idea, but it is killed by those who refuse to have new ideas born, contending that the present generation is enough, *has* enough, and *knows* enough. But the world keeps on keeping on, the race is moved upon by the coming race, and slowly evolutions produce revolutions and revolutions produce evolutions and so all gradually step-up — and yesterday is gone forever. 'Twas ever thus!

Examples galore could be cited of conflicts between one group that dreamed, who tried to create, who helped to invent and produces a progress; and the other group who resisted, ridiculed, and hurt progress. Chiropractic and medicine are two extremes of groups. Both are primarily interested in getting the sick well. Both antipodal, directly opposites, each denying the principles and practices of the other; both can't be right, either in principle or practice. Each group has a 100 per cent type of people of its own.

There are Chiropractors who believe Chiropractic is a 100 per cent principle and practice; who preach it and live it. There are medical men who believe medicine is a 100 per cent principle and practice; who preach it and live it. Medicine is old. It has failed! Chiropractic is new. It is succeeding! Each group also has a compromising, middle-road, half-and-half group. There are Chiropractors who believe in the progress of Chiropractic and then shackle it with the mental ankylosis of medicine and surgery. There are medical men who believe in the progress of medicine and then try to shackle it with the mental ankylosis of half-and-half. There are Chiropractors who would hold Chiropractic down to the retrogression of yesterday. There are medical men who would like to raise medicine up to the modern progress of Chiropractic. It is the age-old conflict of the man of yesterday, either riding with the progress of today or dying with the die-hards of yesterday.

If Chiropractic is a principle, and if that principle be sound in *one* dis-ease, then it is sound in *all* cases. If a vertebral subluxation reduces the intervertebral foramina, produces pressures, destroys interference with transmission between brain and body, and interferes with continuity flow of mental impulses, and thus becomes the cause of *any one dis-ease*, then it is a sound fundamental principle as the cause of *all* dis-eases. That principle is either sound or unsound; right or wrong. If right, then it is wholly right. If wrong, then it is totally wrong. There can be no half-way stopping place between, that we can call a halt on; no one-half that is *without* limitation; the other half entirely *with* limitations. If electricity is energy and power, then so it is for any purpose that energy or power can be made to work to do. If airplanes are methods of transportation, then they cannot be *unlimited* to the hauling of mail, and *limited* to the hauling of people, express, or freight. If airplanes are methods of flying, then they cannot be *unlimited* to flying within the border lines of one state, and *limited* to flying within the border lines of one country. What radio is and radio can do, is only limited to the scope of what energy or power can do, now that the principle of sending that energy into ether is known. *It is only limited by the limitations of men* who do not know how to use its unlimited possibilities; so, too, with Chiropractic — what it is and is not; what it can do and cannot do. If there becomes a half-way stopping point in

the belief, actions, and writings of some of its profession, then those half-way stopping points *are stopping points in men*, not in the principles or practices of the thing itself.

In common with thousands of other Chiropractors, I have known of innumerable cases of Bright's disease, diabetes mellitus, cancer, tuberculosis, syphilis, pernicious anemia, Pott's disease, intussusception, hydrocephalus, phimosis, locomotor ataxia, transverse melitis, arterio-sclerosis, abscesses of all kinds, cataract, glaucoma, warts, moles, bunions, baldness, diphtheria, acute appendicitis, spinal arthritis, etc., which have gone to them *where Chiropractic principles and practices have been exclusively used*, and these cases *have gotten well*. This, in itself, is proof not only of the correctness of the principle, but also the development of correct use within the men themselves who have correctly applied the correct principles to human beings. I have also known many of these same types of cases to go to other "chiropractors," who have failed to use these Chiropractic principles and practices, and any and all of them have failed to get well. The first group would, naturally, say that Chiropractic *was* of service to those types of cases. The second group would, naturally, say that Chiropractic *had its limitations* and was of *no value* to any or all of the above mentioned cases. Believing in the *unlimited* application of Chiropractic, the first group would accept them, render service, and *get them well*. Believing in the *limited* application of Chiropractic, the second group would reject them, send them to physicians and surgeons; or accept them and try to become physicians and surgeons themselves without proper education or competent ability as practitioners.

The writer is not ignoring the fact that there are many graduates of Chiropractic schools, who call themselves Chiropractors and who practice under the guise of rendering a Chiropractic service; who not only take issue with, but practically deny the efficacy of many of the cardinal principles of Chiropractic and limit the cardinal value of Chiropractic practice in many cases. To these people, I do not hesitate but hasten to again expound the facts which were originally *started as theories* which have been subsequently proven as *scientific*; but which they even yet refuse to investigate, look into, or find the truth of. That such as these exist in our ranks, does not and cannot alter facts. There are some (and some of them are of high standing, professionally,

socially, and educationally), who still believe and maintain the earth to be flat. If I were to write an article on astronomy, should I hesitate to proclaim the earth round because there is a certain group amongst us who steadfastly deny it? If I were to write an article on Chiropractic, should I hesitate to mention the fact that Chiropractic *will* do tomorrow what it has done today; that it will do for others what it has done for others; that it does not shake its foundation because some fail to make it work; or should I hesitate to mention that Chiropractic is premised upon the principle that the vertebral subluxation is the cause of *all* dis-ease, including the list mentioned above, just to keep from antagonizing the few disbelievers or because a few *have failed* with its use?

It is hardly safe for any person today to say there are limitations to electricity, airplanes, radio, automobiles, or Chiropractic. It is very safe to make the definite statement that *all limitations* are not within the principles, but *within the men* who try to apply them *and find themselves handicapped in the application of these principles, thru the medium of mechanical or human necessities*. Some men may actually cry limitations to electric light, heavier-than-air flying machines, transporting human voice thru air; but this does not *make* a limitation, except within the scope of *that man's* understanding.

And, peculiar as it may seem, people who deny the all-inclusive value of electricity, profit by it in many ways unbeknown to themselves and contrary to their convictions; those who deny the airplane will still receive letters brot by a heavier-than-air machine which they contend cannot be done; listen-in on a radio, admire it, and still say how impossible it is to pick up music out of the air. And, peculiar as it may also seem, I know Chiropractors who call themselves such, who try to use Chiropractic, who get some results from the use of such, who wouldn't trust their lives to anything else, who rant and rave at others who proclaim the thing they deny, proselyte preferably and make a living therefrom. These same people advertise themselves as Chiropractors, put out literature proclaiming Chiropractic as the great boon to the human race, and then proclaim the principles partly true, the practices *partially impractical*; the medical principles and practices, altho contradictory, *largely practical*. How peculiar that

men who make their living by the use of a certain and definite principle, will deny it; who could use an exacting practice but prefer to limit its scope of service!

Men who, in the early days, saw the future of electricity, were criticized by those who *could not* see it. And this criticism ran high, became rancid and bitter. Such was expected. The geniuses expected it. They took it like men. But, silently and quietly, they went on *doing the thing* while others stood on the side-lines and scoffed.

Men, who in the early days, saw the future of the airplane, were criticized by those who *would not* see it. Newspapers refused to run the story about those early Wright Brothers' flights at Kitty-Hawk. They ridiculed and held up these men "as examples of flighty and irresponsible mentalities." Such was expected. The Wright Brothers took it like men. But, silently and quietly, they went on developing the application of the principle they knew to be right, and 25 years later, they have been crowned as kings of the air, by the very men who traduced them in years previous.

Men who, in the early days, saw the future of the radio, were criticized by those *who refused* to see it. Scientists refused to acknowledge that Marconi could do what he claimed; they refused to listen-in, to know; they would not give him audience to prove that what he said was a reality; they went their way and let him go his. Such was expected. Marconi took it all with a certain serenity of banking on what the future would also prove. Quietly and silently, he went about perfecting *his application of that principle* and all know too well what happened. Where are those who claimed "limitations?" Many of them are dead; many of them today acknowledging; a few still standing on the side-lines, questioning.

I had a very dear friend who refused to purchase or have a radio in his home; not that he was opposed to it; not that he denied it, but he "was going to wait until it was perfected." That man is dead, and the radio goes on perfecting itself, without his having had any of the pleasures or joys that it could have brought into his home.

Men who, in the early days, dreamed the future of an improved human race, bettered because of the adjustment of the cause of

dis-ease, were criticized by those who said, "medicine was right, diagnosis was a necessity, treatments were essential." Medical men, the medical profession, ridiculed D. D. Palmer's principle; laughed at his methods; arrested him and his followers; prosecuted and persecuted him and them; hounded them thru the courts, and legislated against them. They denied his principle and practice; refused to listen to the testimonials of those who got well of tuberculosis, Bright's disease, acute appendicitis, and other "limited diseases." Such was expected. D. D. Palmer and his loyal followers took it with a positive knowledge that what they knew, they knew; what they could do, they did; knowing that time was the great element in establishing a new truth. It was not unexpected that some of his followers refused to follow him *all* the way and attain the objectives he set; it was expected that many of them would play fast and loose between the established and that which would be; that many of them lived upon his name and the name of his system and became everything else but. While many are adjusting the subluxations for acute appendicitis, etc., etc., and getting them well, many others claiming the use of the same system are standing on the side-lines and shouting "operation." While he was concerned in what his followers thot and did, in those days, he was more concerned in what the coming generations would think. So, he builded better than he knew. He did not build tomorrow for the people who would deny it today, but he did build tomorrow for those whose mental scope would permit them to see tomorrow, today or tomorrow. All of this again proves that those who cannot do — therefore disclaim — do not understand as do those who do — therefore who claim; and those who deny do not apply as do those who affirm and apply.

Truth has a way of *always* finding its level. *Time* is the great leveler. Meanwhile, some men come and go, shouting the *unlimited* praises of Chiropractic; and some other men come and go, shouting the *unlimited* praises of Chiropractic, denying little, if any, claims to it at all. And both divisions will always exist within our ranks because it is the difference in the degree of understanding between men and ability to deliver, between those who succeed and those who fail.

Back to the back is a principle. It is sound or unsound; right or wrong; all-inclusive or all-exclusive within itself. The limita-

tions, if there be any, lie *within the man who either does not understand the principles sufficiently well to apply them; or, understanding the principles fully, cannot find the ways and means to apply them to all the conditions that arise, for which they would be of service if they could be applied; for which they are of service in the hands of those men who have driven back those personal and limited handicaps found within themselves.*

Underlying all this observation of what some men think as against what some others think; of what some write as against what some others write, is something deeper than what is here brought out — the *prejudice* that some men hold for some other men; the *prejudice* some writers hold for the writings of some other men; or the *personal jealousy* that some hold for the attainments of others. They retard the growth and progress of *the entire profession*, by writing contrary to direct issues when it is the indirect and petty issues, that are personal, that at tap root *are the basis of their opposition*. When men can learn to look at their professional principles and practices and positions *as impersonal*, quicker progress will be made in the future of Chiropractic; and until that is laid to one side, one side must continue to keep on keeping on accomplishing its great results, with the opposition trying to deny doing the thing that is constantly being done.

(Fountain Head News, January 19, 1929, TWENTY-TWO YEARS
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CHAPTER 68

The Story Of

WHO LIMITS FACTS?

(Fountain Head News, May 25, 1929, TWENTY-TWO YEARS AGO.
Published by The Palmer School of Chiropractic.)

January 25th, 1929.

Dear B.J.:

Just finished reading the latest issue of the Fountain Head (News). The first article, entitled "A Chiropractic New Year's Analysis", proved interesting reading. The most interesting part was where you tell that cancer, hydrocephalus, locomotor-ataxia, warts, moles, bunions, et al, can be "cured" by straight Chiropractic. You forgot to mention corns and fallen arches. I would like to see some patients *you* have gotten well of the above mentioned "diseases". Theoretically, these conditions are easily corrected by Chiropractic, but thirteen years of practicing straight Chiropractic has convinced Dr. ——— that in above mentioned conditions the theory will not work; and eight years of practicing straight Chiropractic has convinced me it will not work. Yea! Time and experience have proven to thousands of Chiropractors that it will not work. When these thousands awoke to the *truth*, it was too late — so they fell by the wayside, and found themselves shining shoes, doing carpenter work, plastering, and the like, demoting themselves by compulsion.

Everywhere we hear the cry: *What's wrong with Chiropractic?* Why has its patronage diminished instead of increasing? Your own words give the answer — you have taught your graduates to believe that in Chiropractic they had a "cure-all", and they spread your teaching to the four corners of the earth — people everywhere flocked to the Chiropractors to rid themselves of pyorrhea, apical infection of teeth, corns, bunions, stuttering, syphilis, warts, moles, and everything else with which man is afflicted. And then came the Great Awakening, the "knockers" out-numbered the "boosters". What a pity! A great health-giving science set back fifteen or twenty years, because its adherents proclaimed to possess a "cure-all". We can't fool the

public any longer, we must *produce* — the curiosity seekers no longer patronize us — they tried us long ago for cancer, moles et al and found by experience that “it wouldn’t work”. So now we have to rebuild upon a different premise: we must let the public know that we do get sick people well of many, many ailments, but we *do not* possess a “cure-all”.

I could keep on writing more facts, but what’s the use? This much I felt I just had to write, to “get it off my chest.”

Sincerely yours,

February 7, 1929.

Dear friend —————:

I have just returned from an eight-day lecture trip to Illinois and New York State, and I trust you will pardon the delay in replying to your letter of January 25th.

I want to thank you very kindly for your reaction to my New Year’s Analysis article in the FHN. I appreciate your frank expression of opinion, and I appreciate the kind way in which you have written what you believe to be your convictions.

If I had more time, I would be glad to write you more about it; but if I did, I would only have to repeat what I have said in the article.

BJP-AWM

As ever,
B.J.

February 11, 1929.

Dear B.J.:

Your letter just received, answering my letter of January 25th. You do not seem to take my letter seriously, as your answer contains nothing but evasions. What I wrote you was not to be read, laughed at, and thrown in the scrap basket. I wrote facts, B.J., which you should consider carefully for *your* welfare.

Get this! These letters are not written to you because I am hostile to you or your school — as I wish to remind you that both Doctor ————— and myself are Palmer Graduates — I want you to leave the “Goat-feathers” out of Chiropractic, and help our science grow to be a real drugless health service, built upon scientific findings and not upon fantastical theories and “claims” that people with a little bit of intelligence will not accept.

No one is to blame for the lack of support the profession is giving in not sending students to your school but yourself. As long as you teach your students that Chiropractic will correct warts, moles, bunions, etc., just so long will Doctor _____ and I refuse to refer students to our Alma Mater. I am sure hundreds of your graduates refuse to support your school for the same reason. I am speaking for the Palmer Graduates who graduated more than a few years ago, which has given them time to "profit by experience".

Think it over B.J.: talk and write to other old graduates of the P.S.C., and you will learn — if you do not already know — what I write is true.

Good luck to you.

Very truly yours,

February 20, 1929.

Dear friend _____:

Answering yours of February 14th.

You have a right to build any kind of a fence around your rights. I reserve the same right. You have a right to establish limitations as to how far you shall walk from that right, that your reason or judgment sees fit. So have I.

You have had several years' "experience" from which you have profited. So have I. And, any right that you reserve to yourself, I reserve to myself. Any right you reserve, I have no right to question your motives. Any right I reserve, you have no right to question my motives. We both *can* question judgments and evidence, and thus reason out a solution, if there be a problem confronting us.

I do not question your motives, sincerity, or honesty in building up your rights or tearing them down; neither can you call me "evasive" because I desire to break down barriers that confront me in my right to go further than you. If I see no barriers and can reason away your barriers, then calling me "evasive" gets nowhere, for no facts have been faced, no problem weighed, no evidence introduced, and no solution offered.

The world is composed of two types of people — those who hold everything within their concepts and limits, horizons, and rights;

and those who did not know, and, wanting to find out, went into the wilderness, cut down the virgin forest, and builded empires where man had heretofore feared to tread into unknown territory.

You and I differ as to where the horizons are; we differ as to where the fence of limitations should be builded; whether here or over there; but, if a person is sick and nigh unto death, and I knew that Chiropractic would save that life, I would be derelict of a sense of justice, a spirit of equity, a duty to humanity, if I refused to send that patient to *you*, merely because *you* builded *your* fence within *my* fence — merely because I liked potatoes and you didn't; you liked tomatoes and I didn't. I refer now back to yours of Feb. 11th, wherein you say, "As long as you teach your students that Chiropractic will correct warts, moles, bunions, etc., just so long will Doctor ——— and I refuse to refer students to our Alma Mater." I would say that any man who withheld his greater responsibilities because of a minor difference of opinion, was indeed a man of constricted vision of his obligations. He has a right to do so, but is it *right* that he do so?

Some Chiropractors seem convinced that Chiropractic is good for dropsy, but not for "hydrocephalus"; some agree that it is good for pathological growths, but not for "warts"; some have given adjustments for skin eruptions, but ridicule the idea that it is good for "baldness"; others contend that for heart-burn it is excellent, but laugh at the idea of adjusting for "appendicitis"; some agree it is good for boils, and others agree with you that it is no good for "cancers"; some contend it is splendid in cases of rheumatic fever, but scorn its use in "syphilis" — some have given adjustments for all, and succeeded with all; others have given adjustments for all, and failed on all. Did those who succeeded find subluxations, adjust them, and get their sick well? Did those who failed ignore subluxations, refuse to adjust them, use something else, and fail to get their sick well? Was this a difference in ChiropracTIC, or in the ChiropracTOR?

Let us reason this "hydrocephalus" business. "Hydrocephalus" is an *acute dropsy* of the brain; a name given to a *condition* of excess fluids. If we taboo "hydrocephalus" — a *condition of excess water* — then we must taboo all conditions of *excess water, anywhere*. Why *exclude* the brain, and *include* the body?

If this reasoning is sound, anything that is "acute" has not been standing long. According to Chiropractic, anything that is of

short duration is easier to correct than that which has been standing a long time. If we are to taboo "hydrocephalus", which is acute excess of water on the brain, because we can't do anything for it, it follows that we must taboo chronic excesses of water in any part of the body; therefore, to your word "hydrocephalus", we must add the following:

Abdomen, ascites, hydroperitoneum, hydrocelia.

Amnion, hydramnios.

Brain and Membranes, hydrocephalus, hydrencephalus, hydro-meninx, hydrocranium, wet-brain.

Chest, hydrothorax.

Conjunctiva, chemosis.

Ear, hydrotis, hydrotympanum, hydromyringa, hydromyrinx, otohydrops.

Eye, hydrophthalmia, hydrophthalmus.

Eyelid, blepharedema.

Foot, podedema.

Gall-bladder, hydrochoecystis.

General, anascara, hydroncus, hydrosarca.

Heart, hydropericardium, hydrocardia.

Joints, hydrarthrosis.

Kidney, hydronephrosis, nephredema.

Larynx, edema glottidis.

Lungs, pneumonedema.

Ovary, hydroarium, hydrovarium.

Pericardium, hydropericardium.

Peritoneum, hydroperitaneum, ascites.

Scrotum, hydroscheocele.

Skin, edema, hydroderma, hygotderma.

Spermatic cord, hydrocele.

Spinal cord, hydrorhachis, hydromyelina.

Thorax, hydrothorax.

Toes, dactyledema.

Tunica vaginalis, hydrocele, hydrorchis.

Tympanum, hydrotympanum.

Ureter, hydroureter.

Uterus, hydrometra.

Uvula, staphyledema.

Vagina, hydrocolpocele.

— for they are all one and the same thing, except locality. If you would adjust for dropsy of the legs, and attain results, then you are adjusting for a *chronic condition* that is the same as in the brain, which was acute, which you refused. I am confident that reasoning will stand hitched, as being sound or unsound, either way, in its entirety.

Let us reason "baldness" a bit. People lose their hair because it is not nourished and dies for the want of food; or the scalp becomes diseased thru eruptions. "Baldness" is a *name* attached to *one of two conditions*, as applied to the scalp. Other parts of the body can have *either condition*. To "baldness" you must add those *names* also, where there is absence of hair on *other parts* of the body. That will add many more names. The absence of *nutrient material* to the various parts of the body adds that great list of the *anaemia family*. They must also go on the taboo list, for "baldness" is a *condition because of lack of nutrient material*. To this taboo list, we must add those which come from *skin eruptions, regardless of locations*. This will add many more *prominent names*.

Let us reason "appendicitis." "Appendicitis" is an inflammation of the *appendix*. Is *Chiropractic* a philosophy in which we include or exclude *names*? Is it a science of *words*? Or, is it an *art* that corrects *conditions*? If you say conditions, then "appendicitis" is an *inflammation*. If Chiropractors must taboo "appendicitis", which is a *condition of inflammation*, then *all the inflammations must go*. In one blow, you and Dr. ——— eliminate *all fevers, acute or chronic*, and add about sixty more names.

Suppose I went thru the list of *names* suggested by you and Dr. ———, which must be eliminated because "Chiropractic was no good for them", and followed each thru to its *reasoning conclusion*; — neither you nor Dr. ——— would have *anything* left, because each of the *names* suggested is but *one condition* of a mass of similar *conditions* which appear anywhere or everywhere in the body. By the time I *analyze all your names*, you have eliminated *all the diseases* of the body.

Are you shadow-boxing? Side-stepping *names*? Are you afraid of *titles*? You suffer with a plethora nightmare, and you hit and paw at *words* without reasoning any thru to its conclusion.

How many causes for *dis-ease* shall we set up in the *Chiropractic principle*? How many kinds of causes are there to *adjust* for dis-eases, according to the *Chiropractic practice*? What is the cause of those conditions for which Chiropractic is good? What is the cause of those conditions for which Chiropractic "is not good"? What is the difference in *cause* between those for which it is or is not good? Is there a subluxation for those diseases for which Chiropractic is good, and no subluxation in those conditions for which it is not good? Is there a subluxation in one group of disease; and is a lack of eating potatoes the cause in the other? Is an adjustment the proper approach where there is a subluxation and potatoes the proper approach for the other?

Is Chiropractic a *principle* and a *practice* for some diseases and not others. If there is a limit, *who* sets that limit? Shall we take the limits as established by the various people for *themselves*, add them, and then everybody agree to *not* find a subluxation and *not* give adjustments to the conditions that each sets aside? If we do this, what would be left? Shall we make out a list of "incurables," in which Chiropractic *finds* subluxations, for which there is no adjustment? If we do this, what would be left? If there is a list of diseases to be diagnosed, which we cannot reach, whose diagnosis shall we accept — knowing that, even amongst the best, physicians make mistakes in diagnosis and are wrong in 50 per cent of the gross? If we do this, what would be left? And, if some say they *find* subluxations and others say they *do not find them*, who is to say who is right? You — or I? And, if some adjust subluxations, and others cannot, do not, or will not, who is to say who is right? You — or I?

One man has adjusted subluxations for "cancer, hydrocephalus, locomotor-ataxia, warts, moles, bunions, et al" (not excluding "corns and fallen arches") and has gotten them well. The next practitioner denies anything can be done with Chiropractic for any of them, adding a few more. Suppose one man adjusted subluxation in a case of dropsy, and got him well. *That is not a limitation to him*. Somebody else says he will adjust for dropsy, but Chiropractic is not good for "hydrocephalus". Shall we then include or exclude "hydrocephalus"? Suppose we follow this course consistently — what will we have in? What have we thrown out? How much is left? Suppose a case comes to a Chiropractor with "locomotor-ataxia", which is on your *out* list,

and it proves to be "progressive paralysis" which is on the *in* list — why should he be *out*? Suppose, in preference to following either, we follow our dictates that *dis-ease* is a *not-at-ease* condition, due to an interference to transmission of mental impulse flow, regardless of name, organ, whether acute or chronic, whether diagnosed or not — should we *include* those *excluded*? Or, should we *exclude* those *included*? If we should do either, why? If we should do either, why should we ignore the Chiropractic principle of interference to transmission and deny the adjustment of a subluxation — that being the premise of *Chiropractic*? Why deny this principle part of the time, and affirm the other part? How can The P.S.C. be consistent with its graduates who have had "experience"? Shall we call a convention of our profession and work out a certain list of *names* of diseases in which subluxations *are* found, and then list *by name* those where subluxations are *not* found? Shall we establish an "approach" list and also a "taboo" list? Such a convention would be interesting, to say the least.

One man would deny a case of "appendicitis" the right to get well with Chiropractic, because it *was* "appendicitis." Another Chiropractor would say, with perhaps more or less "experience" than some others, that he has had thirty cases of what reliable physicians had diagnosed "appendicitis", had not lost one, and had gotten them *all* well. Which one *knows*? Which one found subluxations? Which one did not? Were subluxations present in one group of cases and absent in another, both groups being of the same kind in the same town? Which one is a Chiropractor? Which one follows the Chiropractic principle and practice? Which one is building "upon scientific principles", or is establishing "fantastical theories"? If one man can, why can't another, providing he use the same degree of skill? "*What's wrong with Chiropractic?*" It seems apropos to ask that question at this time.

You say you would like to "see some patients that *you* have gotten well of the above mentioned 'diseases'." If you would come here *right now*, I would cite a case of what ten competent 'expert diagnosticians' called "locomotor-ataxia", wherein I *found* subluxation and I *adjusted* it, and the case is practically well. You say: "Theoretically, these conditions are easily corrected by Chiropractic,—." Does this case sound like "theory"?

I was in New York. A Chiropractor brot a case of "cancer" of the right breast to me for analysis. He had been adjusting here and there. He was at his wits end to know what to do. The cancer was growing larger, looking worse, and giving more pain. I went over his spinographs, took NCM readings, checked back upon the readings, told him *where* to adjust. He has been doing so since. A letter today from him reports that the cancer is growing smaller, looking better, and giving less pain. "*Cancer*" is caused by a subluxation interfering with transmission. Find *that* locality, adjust it *the right direction*, and your case will get well. You would like to see such a case? This is another. You say: "Theoretically, these conditions are easily corrected by Chiropractic, —". Does this case sound like "theory"? If I can, why do *you* say it can't be done?

"What a pity! A great health-giving system set back fifteen or twenty years —". And, pray tell, how can Chiropractic be "a great health-giving system" — "a great *health giving* system", when it fails on all the names that you, Dr. ———, and "time and experience have proved to thousands of Chiropractors that it won't work"? What makes such a monumental failure, as you describe Chiropractic to be, "*great*"? What makes Chiropractic a "*health giving*" system when it so gigantically fails to give "health" in so many ways to so many diseases? Does strength appear best to you, in the guise of the admission of incompetency? What do you mean "health giving" when the entire tone of your letter of January 25th is a denial of my position of accomplishment? In one breath you call Chiropractic — in the abstract, "theoretically" — I suppose — "a great health giving system", and in the next deny yourself and affirm its failures to do that very thing "to thousands of Chiropractors".

Neither you nor I can set anything forward or backward. If it succeeds, it sets itself where it of right belongs. If Chiropractic fails, as you say it does, it deserves to die. If it succeeds, as I say it does, neither you nor I can kill it. "*Theoretically*" these conditions are easily corrected by Chiropractic, but thirteen years of practicing straight Chiropractic has convinced Dr. ——— that in above mentioned conditions *this theory* will not work." "*Theories*" never work. "*Theories*" are but "*theories*." "*Theories*" are unestablished ideas. At one time, Chiropractic was *all* "theory" in the mind of one man. It has been gradually climbing

out of the "theory" class, into the scientific class. Many Chiropractors are still staying in the "theory" class and are still getting "theory" results, such as you proclaim. You can be a "straight Chiropractor" and still work with the "straight theory" of years ago, and still fail. You can also be a "straight Chiropractor" of the present day and work with scientific facts at your command and attain results accordingly. Chiropractic is no longer a "theory" — it has not been for five years. If you would get out of the "theory" class into the scientific work now being done, you would not have written that letter of January 25th. I have never under-estimated the supreme value of Chiropractic; neither have I ever over-estimated the value of many Chiropractors who call themselves Chiropractors — who prefer to stand still rather than grow with our movement.

I am as vitally concerned in *my* welfare as anybody I know. I am also as vitally concerned in *your* welfare as anybody I know. But it does not enhance *my* or *your* welfare by building a high fence, close in, that neither of us can jump over. I do increase your value to humanity when I tear down *your* fences, tear down *those about me*, and tell you to go on and do even greater wonders than you have ever done before; build up a scientific approach which makes it possible; present the method and means of making statements true; proving it daily — *but*, I cannot make Chiropractors come here and drink, or think! That some do not keep up with the procession, is no fault of mine, nor is it the fault of Chiropractic, and certainly is not the fault of the patients who are sick, who seek health. I am vitally concerned in the welfare of the sick who have a God-given right to get well; whether that be for what you call "goat-feathers" of my scientifically proven substantialities; whether it be for the things *you* say cannot be done, or for the things any other Chiropractor says can be done and is doing them. I *am* vitally concerned in the preservation of Chiropractic as a distinct and separate science for future generations. And, I want those rights to be as close in or as far away as facts and results justify, no closer and no farther.

You want Chiropractic "built upon scientific findings." Tell *me* how to make it such! Tell *me* whether I should listen to that Chiropractor who had failed with Chiropractic, for "cancer"; or whether I should follow *my* "experience"? Please tell me whether

I should listen to you, who disclaim any value in Chiropractic for "pyorrhea, apical infections for teeth, corns, syphilis, stuttering" — "cancer, hydrocephalus, locomotor-ataxia, warts, moles, bunions, et al", including "corns and fallen arches", or listen to Dr. ——— in West Virginia who says Chiropractic is no good in "syphilis, Bright's disease, diabetes mellitus, tuberculosis, pernicious anaemia, Pott's disease, intussusception, hydrocephalus, phimosis, locomotor-ataxia, transverse myelitis, arteriosclerosis, abscesses of all kinds, cataract, glaucoma, warts, moles, bunions, baldness, diphtheria, acute appendicitis, spinal arthritis, etc.", (he enumerated twenty-two — how many more does that "etc." include?), many of which you might claim Chiropractic of value to. *Who* is an authority? *Who* is a standard? *How many* practitioners, standards, and authorities have we, to whom I can sincerely turn, listen to, to tell me what Chiropractic is good for, so that I may build "upon scientific findings"?

Am I to take medical men, osteopaths, or some Chiropractors, or *any of them*, as a standard upon which to judge whether *Chiropractic is wrong*; or are *Chiropractors* fooling the public? Now you say we here are fooling the public on *some* diseases. Then comes Dr. ——— and *he* contends the same, on a different list, by asserting that Chiropractic is good for *some* diseases, but is not good for the rest of them. Are *you* or is *he* to be *my* standard? Just how can I reach some common-sense, practical, rightly established standard?

Who is the man, or men, who possesses that "little bit of intelligence" that shall discriminate between "goat-feathers", "real drugless health science", "scientific findings", "fantastical theories", or "claims"? Is it you who deny some subjects; is it Dr. ——— who denies others; is it others who deny others; or is it the several thousand who do not practice "straight Chiropractic" like you and I, but use lights, electricity, radionics, to cure disease "that Chiropractic cannot reach?" Are *they* the standard? And, these men, too, have as much right to build their fence *inside of your fence*, as you have a right to build *your fence inside of mine*. If you will answer these questions, you will help me to solve this riddle.

While we are discussing this difference in what some think and others disagree with, suppose we list the difference of opinion as expressed by you and Dr. ———:

HISTORY REPEATS

Dr. _____' list
(Chiropractic no good for)

Syphilis
Bright's disease
diabetes mellitus
tuberculosis
pernicious anaemia
Pott's disease
Intussusception
hydrocephalus
phimosis
locomotor-ataxia
transverse myelitis
arterio-sclerosis
abscesses of all kinds
cataract
glaucoma
warts
moles
bunions
baldness
diphtheria
acute appendicitis
spinal arthritis
"etc."

Your list
(Chiropractic no good for)

hydrocephalus
locomotor-ataxia
warts
moles
bunions
"et al"
cancer
corns
fallen arches
pyorrhea
apical infections of teeth
stuttering

His list indicates *sixteen* that you do not mention, unless you include them in that "et al". Your list includes *six* he does not mention, unless he includes them in that "etc". Add all *he* has (22) to those *you* have which he *hasn't* (6), and we cut 28 diseases from *two* people alone. If both of you would take the time to tabulate a list, both of you could and would increase that list. This is not fictitious, a "goat-feather", "fantastical theory," or a "claim" listing. It is a statement of comparative fact, of *two* Chiropractors.

For years we have been gathering testimonials from many and varied sources, regarding the efficacy of *Chiropractic* for diseases so-called, as diagnosed. This list, compiled, includes everything from head to toe, inside and outside, acute or chronic, fever or chills, wet or dry; diagnosed and undiagnosed, etc. It's a veritable treasure-house of accomplishment. To wander thru its thousands of affidavits, testimonials, solicited and unsolicited, is to shame any man who calls himself Chiropractor, who would even think that a certain name hung on an indefinite condition, could not get well when *its cause* was corrected. To thumb over the cases diagnosed as "cancer, hydrocephalus", inclusive of every *name* referred to in either list, in another part of this letter, is to find signed affidavits, sworn to, of people who had those *names* hung on them, who went to *Chiropractors*, took adjustments *and got well*. This register of many thousands of names has been gathering from 1895 *down to this date*. These testimonials have been published in newspapers, have been secured by Chiropractors, and sent us, signed by the people who once had them, took adjustments, and now swear they are well. You say, "Theoretically these conditions are easily corrected by Chiropractic,—". Do these testimonials sound like "theory"?

A few pertinent questions naturally arise. Were those people sick? Did they have what the testimonial says they had? Were they incurable? Were any of them given up to die? *Physicians* said so! Did these people get well, say of "Bright's Disease"? *Physicians* passed many of them for insurance! So, the testimonials reveal! Did these people take adjustments? *Chiropractors* said so! Did they get well under adjustments? *Patients* said so! And why do I repeat what others "said"? Because the Chiropractor loves diagnosis, he loves to fondle and caress those meaningless and useless names; he loves to hang a crime onto a set of

defenseless symptoms; therefore physicians ought to know, so I mention him. And *you* advise me to take the "experience of the field", so when *they* send me testimonials by the thousands, including every name you and Dr. ——— list as incurable, and I find *other* Chiropractors have given adjustments to the same name and sent me signed and sworn to testimonials of their patients asserting that *they* got well — that certainly ought to be profiting from the "experience of the field". To fall back upon *my* "experience" since the birth of Chiropractic; upon *my* "experience" of our immense clinics *here* — well, that just can't be done because that is not "of the field." Now that we have the facts before us, and that introduces a contradiction between what *you* say can't be done, and the testimonials of thousands which say *it can be done*, I must raise the question as to whether you two are doing the same thing, in the same way, to similar types of cases! As the teacher of all of you, I have a right to raise that question more than anybody else in our profession. If one man can and does, and another man cannot and does not, then there is something wrong somewhere, in one or the other, and it should be obvious *where* that responsibility lies. Plain language? No plainer than *the facts* justify! Even as I write this, my mail arrives with the January, 1929, issue of the *Chiropractic Digest*, which, on page 4, contains a signed and sworn to affidavit of a Mrs. Sharp who took *Chiropractic adjustments and got well of "cancer"*. While you say it cannot be done, Drs. Wynn and Wynn, down in Texas are doing it. "*What's wrong with Chiropractic?*" *Nothing! What's wrong with some Chiropractors? They don't know as much about Chiropractic as they should, therefore they limit their possibilities to how much they know. Know more about Chiropractic, and you can do more with it!*

"Everywhere we hear the cry: *What's wrong with Chiropractic?* Why had its patronage diminished instead of increasing? *Your own words give the answer —.*" You have said Chiropractic is *no good* for a list of names; Dr. ——— has said it is *no good* for another list of diseases; *you* have said "the theory will not work"; *you* have said it has so "proved to thousands of Chiropractors that it will not work". Then, *if it will not work, it should fail*. According to *you*, that's why the "patronage has diminished instead of increasing." Every man does what he thinks. What he thinks is what he does. *Thinking that Chiropractic is no good*

makes it no good, because he will not, *does not*, try those cases; hence it *does fail!* Whose fault is it that Chiropractic *fails* when Chiropractors *make it fail*? Chiropractors can refuse to take cases *and fail*; or *they can take the same cases and make it succeed!* The fault lies not in *Chiropractic* but in the *Chiropractor*. The fault does not lie in those who claim Chiropractic to be a "cure-all", but in those who fail to make it a "cure-all" when it could be made so if they but would.

I am offering you evidence that Chiropractic is a "cure-all"; that it has been so proven in the hands of competent men and women. Not that *every* case that went to a Chiropractor got well; but that cases of *all kinds have gotten well* at the hands of Chiropractors. What do you offer to prove that Chiropractic has failed? Evidence? No! Unsupported statements of those who have failed? Yes! Does the statement of failure offset the evidence of success? No! Before you have established evidence to substantiate your case, it becomes necessary to deny the evidence of those who have succeeded. Can this be done?

You have a right to classify any disease or list of diseases, in your mind and practice, as "incurable", because you have tried and you have failed to get them well. Any other Chiropractor has a right to accept your rejections, and succeed in getting them well. But, *your failures* do not give *you* the right to say that such cases *cannot* get well *with Chiropractic*. Disparage *your* ability all your judgment thinks best, but don't cast your shortcomings on *Chiropractic*.

To accept *you alone* as the standard, would mean to ignore all the rest. Would that be fair to them? To accept you and Dr. _____, would mean to add some on his list that are not on yours. If I accept *both* of you, would that be fair to the rest "*of the field*"? If I accept *all the rest*, each would add or subtract—what would be left for any of us? For every mixer is, by the very process of mixing, admitting that the things he mixes *for* are not amenable to Chiropractic adjustment! And, am I to say that *he is not* a Chiropractor when *he* says *he is*? Who am I to discount the classification or eliminate any one's opinions? And then, there is the opposite group of Chiropractors, just as great if not greater, who can pile up the cases on the credit side of the ledger of human service; adding names of diseases that others have given

up to die, and getting them well. What right have I to discount them? I cannot eliminate their opinions any more than yours. Evidence is evidence; it must be weighed in its entirety, both for and against the issue before us. When judicially weighed, without passion or prejudice, I find you guilty of a crime committed in letting people die, whom you otherwise could serve, and could save the life of, if you but knew how! To give me the right to decide proper values is to put me back where I am — where *you* write and tell me my errors, faults, and shortcomings, and that's why the school is where it is. *You* say so! *You* say that I should listen "*to the field*", and who is "*the field*" but those who are in it?

If we were to judge this problem by what you or I, or you *and* I think, it could be solved, because I could concede your principles in *The P.S.C.*, or you could concede what *we* believe in your practice; but there are more than you and I concerned — there is Chiropractic as is; the Chiropractor as he is; the sick people as they are. Then there are the antipodal views of the multitudes who compose our profession. The mixer says *I am narrow* and should incorporate *all he* uses. You say I am *too broad*, and therefore *should cut down* teachings; *should cut out diseases* to the limits of *your* "experience". Concerned as I am, I find myself between two rollers — *too broad* for your "experience"; *too narrow* for the "experience" of the mixer. You should say that the mixer doesn't count; he does not use much Chiropractic. Tell that *to him* and see what *he* says! The *mixer* would settle it easily by saying that *you* don't count; you do not know how to make Chiropractic broad, you should incorporate other principles and practices. Tell that *to you* and see what *you* say! You are *both wrong*. If you both knew Chiropractic as is, both would use Chiropractic and *both of you* would get a larger percentage of all kinds of cases well, and find no necessity to either narrow or broaden *beyond what Chiropractic actually is and can do*.

The P.S.C. receives support from Chiropractors who have followed its principles accurately and carefully, *and have found that they work*. The P.S.C. receives support from many Chiropractors who agree with our teachings and disagree with our practice. (The people of the South who believed in enslaving the negro did not support Abraham Lincoln in setting them free — I think *that* sound; but, back of those who believed in the principle of

enslaving them, and behind the practice of liberating them, *was a greater principle and practice than either* — the right of the Union to exist, either all free or all slave!) So today there are various kinds of Chiropractic (?) schools in the U.S. There is a kind to agree with each kind of "Chiropractic" group. Some "chiropractors" believe in radionics; so there is a Chiropractic-radionic school to which that group send students. There is a group who believe in using *everything* as a therapeutical agency, except Chiropractic adjustments; so there is a "Chiropractic College" that caters for that support and teaches everything *but* Chiropractic, and wins support from that group. If that principle be sound, then, if *The P.S.C.* taught *everything that everybody believes, we would gain the support of everybody*. Is that what you mean when you say, "I am sure hundreds of our graduates refuse to support your school for the same reason"? If we taught the limitations that *you believe*, we would gain *your* support. If we taught the limitations Dr. ——— believes, we could gain *his* support. By the time we got all the support by adding or suppressing all that everybody wants added or suppressed, there wouldn't be much left to Chiropractic — would there? Would *you* advise *me* to *please everybody*? As it is now, we *do not* do this, and yet we have a larger enrollment than *all schools and colleges combined* — even in these trying times. If I accept your advice and "profit by experience" *of the field*, would that get it? If not, how? Is that why "no one is to blame for the lack of support the profession is giving in not sending students to your school but yourself"?

You contend "we can't fool the public any longer, we must *produce* —", implying that it is I who have been fooling the public; that the time long ago arrived when we must omit such and *produce* results or quit misrepresenting ourselves *and* Chiropractic. *No more truthful statement is contained in your letter than that!* Who was fooling the public — that man who adjusted that case of "locomotor-ataxia" for a year and a half; or I, who took the same case, used *Chiropractic* on her, and got her practically well in three months? Have to "*produce*", don't we? Who was fooling the public, — that boy who adjusted that "cancer" of the breast for over one year, growing worse; or my use of "scientific findings", and now getting a report of her getting much better in two weeks? Have to "*produce*"; don't we?

From 1895 to 1929 we have been accused of fooling the public; first by the medical men; then the osteopaths; now some Chiropractors. Each in his turn has challenged our ability to find subluxations *at all*; *many* subluxations or *some* subluxations. Medical men have contended that there are *no* subluxations; *no* pressure upon nerves; *no* interference to transmission. They deny there is a mental impulse circulation; deny our ability to move a vertebra in a living body; and, even if all this *were* true, and we *could* move them, they affirm that it would not cure a *single physical* disease in the human body! Osteopaths assert that all that is good in "Chiropractic" was stolen from osteopathy, and all that is trash in "Chiropractic" we have stolen from medicine. They grant *some* value, but think we go too far with a single principle or practice. *Some* Chiropractors assert that there *are* subluxations in *some* cases, not in the rest; *some* pressures in *some* cases, not in the rest; *some* interferences in *some* cases, not in the rest; there *is* a mental impulse circulation in *some* cases, none in the rest; they assert our ability to move vertebrae in *some*, where it does good, not in the rest; that it *does* get *some* sick well, not the rest. The only difference I find between the assertions of medical men, osteopaths, and *some* Chiropractors is in the degree of understanding of the principle and practice of *Chiropractic*, which makes *some* believe *none* of it; *some* believe *some* of it; and *some* believe all and prove *all*.

If we gathered all Chiropractors here for an addition of the things we could do and an elimination of the things we could not do, what you would deny, your neighbor would affirm. You would say it could not be done; *he* would assert that he had done it. Is that reasoning "evasions"?

If you or any other group of Chiropractors can tell *how* to solve this enigma, I shall appreciate it.

You have construed my courteous answer of Feb. 7th, to your communication of Jan. 25th, "evasions". I did not then "laugh at", nor did I then throw your letter in the waste basket, as is evidenced by my quoting from it. If you construed courtesy as synonymous with "evasions" what will you construe this letter? This letter is hitting squarely at facts. Will this letter get more considerate attention than that? I am vitally concerned *with principles and practices*. "I could keep on writing more facts, but

what's the use? This much I felt I just had to write, to 'get it off my chest'."

This letter *will* convince you that *I have* taken your letter "seriously". This letter is "not written to you because I am hostile to you" — as I wish to remind you that we are still your teachers and well-wishers.

BJP-AWM

As ever,

B.J.

March 7, 1929.

Dr. B. J. Palmer,
Davenport, Iowa.

Dear B.J.:

Thanks very much for your letter of February 20th.

I have a patient whom I am now adjusting for Bronchial Asthma — which, by the way, is one of the many "diseases" I "treat". This patient also has two corns, one on each great toe. As you say adjustments will correct such a condition, I am writing to ask what the major usually is in such cases? I am frank to confess that I have never given spinal adjustments for corns, and that is why I am looking for information regarding such.

If your answer should require that I make a neurocalometer reading of this case, I wish to advise you in advance that I am in a position to make a reading. A very close friend of mine has a neurocalometer — which is one of the reasons I don't own one — and as I have worked with him in makings readings of cases before, I am sure I may have access to the instrument again.

Awaiting your advice as to how I might best obtain results on the corns — I am getting excellent results on the Asthma — I am

Very truly yours,

Davenport, Iowa, March 23, 1929.

Dear friend ———:

If you will refer to *The Science, Art, and Philosophy of Chiropractic*, by D. D. Palmer (1910), on pages 39, 228, 317, 322, 440, 845, 853, and 882, you will find the answers to your question.

BJP-AWM

As ever,

B.J.

(Fountain Head News, May 25, 1929, TWENTY-TWO YEARS AGO.)

Published by The Palmer School of Chiropractic.)

CHAPTER 69

The Story Of "ANALYSIS AND DIAGNOSIS" ANALYZED

(Fountain Head News, May 25, 1929, TWENTY-TWO YEARS AGO.
Published by The Palmer School of Chiropractic.)

A recent State Bulletin contains an article under the caption, "Analysis and Diagnosis".

The article presents nothing new; it gives little information on the question it discusses, therefore there is little to quote or refute.

Take both sides of these questions — *Has Chiropractic Limitations*; or *Should the Profession Diagnose*; read the papers on both sides; sum them judicially — what have you?

The side that is *against* diagnosis reasons the matter consistently, logically and constantly on the facts of Chiropractic and the theories of medicine. The rebuttal is devoid of facts; a lot of words, sarcasm, irony, invectives, sophistries.

In the article mentioned we note this statement: "We have in *Chiropractic* the quickest and best way, in most cases, of determining the *location* of a pathological condition." "Pathology" has a fixed meaning in language. "Pathology" does not mean that which it denies. Pathology could not include "pressure upon nerves", "interferences to transmission", "the reading of comparative spinal heats", for none of these are admitted realities. "Pathology" is "a condition" at the *periphery* of a nerve, not that which occurs along its path or at the epiphery in the brain.

How can Chiropractic "determine the *location* of a pathological condition"? "Cancer" is a "pathology". How does *Chiropractic* locate it? What is there to or in the *Chiropractic principle or practice* which makes it "the quickest and best way" to *locate* cancer? If Chiropractic be "the quickest and best way", how come that it only applies "in *most cases*"? What about the rest of them? Does *Chiropractic* locate the pathological condition "in *most cases*" and *medicine* locate the rest? What does this writer mean?

Later, this same author says: "In the State of West Virginia we *legally* have that privilege to a certain extent" — referring to the right to diagnose. What is means by "to a certain extent—"? How much is "a certain"? Is it *none* — or *all*? Is it 10 per cent or 90 per cent? Can they diagnose cancer and not rheumatism? *Who* puts the limitations in West Virginia? *Who* says you can diagnose this, and not that, and thus limit to "a certain extent"? You either *have* — or *you have not*! There is no half way, or split figures in such situations. *The Supreme Court of West Virginia — in its civil suits decisions — has set the limits that none but physicians can diagnose any case and do so "legally"*. As Chiropractors are not physicians, the fact is that "to a certain extent" means *none*! Neither physicians nor Chiropractors set these limitations. *Supreme Courts do!* What does this writer mean?

The next paragraph contains his greatest joker.

"I could quote numerous instances of the use of such aids has done more to boost Chiropractic than months of advertising in the newspaper. By having diagnostic aids at our disposal to use on cases when they are deemed necessary, we are able to catch the progress toward health, enlighten the patient or perhaps refuse the case more intelligently. We can thus defeat the propaganda of the medical men and go them one better; *for very few medical practitioners spend much time in examining their patients. —*"

What is "the propaganda" of the medical men? That we are not competent to diagnose; that we are incompetent when we do! You "defeat" this propaganda when you admit that "*very few medical practitioners spend much time in examining their patients*". You say you "go them one better"! How? By advising your people to do the very thing that "*very few medical practitioners spend much time*" in doing? Is that the way to "go them one better"? This man has the effrontery to advise *Chiropractors to do that which he admits medical men have learned is futile to do*. Why don't medical men "spend much time in examining their patients"? Because they know, by bitter experience, that the field of diagnosis is fraught with hazards of guess-work; which they, with all their laboratories, equipment and experience, have not been able to overcome; that diagnosis is empirical. This Chiropractor now suggests that Chiropractors take up the study

of that which *he admits* medical men have found *useless*; how does this Chiropractor expect Chiropractors to make *useful a useless medical subject*; that which *he admits* medical men admit has little value? What *does* that writer mean?

When the future of Chiropractic must rest upon the advice of Chiropractors who advise Chiropractors to do that which Chiropractors admit medical men *don't do*, then certainly Chiropractic is in poor hands. When Chiropractors advise Chiropractors to do that which medical men have tried and failed with, *and admit it in their article*, then those Chiropractors are hard pressed to defend their reasons for advising that *we* begin diagnosing.

Maybe I know little about diagnosing. It is probably true that I know no more about it than the average physician — or Chiropractor; but this much *I do know*, that it is poor logic to me for a Chiropractor to advise *me* that I *should* diagnose and then in the argument he uses to tell me *why I should*, he tells me that "very few medical practitioners" do it!

(Fountain Head News, May 25, 1929, TWENTY-TWO YEARS AGO.
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CHAPTER 70

The Story Of

AN INSIDE OPTIMISTIC OUTLOOK

By Henry W. Bruhn

(Fountain Head News, June, 1930, TWENTY-ONE YEARS AGO.
Published by The Palmer School of Chiropractic.)

To the Dean and Members of The Faculty
of The P.S.C. and to P.S.C. Graduates,
Students, and all Chiropractic Friends.

On this 19th day of May, 1930, I entered upon my twelfth year of service with The P.S.C. During the past eleven years, I have been in personal contact with all matters pertaining to the financial side of the institution and, during these years, much has transpired which I believe will be of general interest to all concerned. Therefore, I believe it is fitting that I should make a brief resume of the various situations that have presented, realizing that those on the outside have, from time to time, received information, sometimes correct and many times very far from the truth. A frank statement on my part is given for the purpose of clearing up, so to speak, erroneous ideas, misinterpretation of facts and, in many instances, a general misunderstanding.

Born and reared in Davenport, I am personally acquainted with the birth of Chiropractic. During the early 90's when Dr. D. D. Palmer was known as a magnetic healer, and then a little later on, the beginning of the practice of Chiropractic, I can recall the local press accounts of arrests and the many discussions, pro and con, as to the merit of Chiropractic; the beginning of a school teaching Chiropractic, which was located in the old Putnam Building on the south-west corner of Second and Brady Streets; and the moving of the School to Tenth and Brady Streets, starting with the purchase of a small piece of property from Mr. James Clark Duncan, the owner and principal of the Davenport Business College, which I had attended; and following shortly after, the purchase of the property and the death of D. D. Palmer, the business and Chiropractic activities were taken over by D.D's son, B.J.

Previous to my connection with The P.S.C. I devoted many years to the banking business. Therefore, my training during some fifteen years had been along very conservative lines and, as B.J. once said during a conference meeting, in referring to me, as being an ultra-conservative Dutchman. It can therefore be readily understood that in discussion of affairs my analysis would always be along conservative lines, but, having the personal knowledge of the birth of Chiropractic, I had a general background to the movements that were carried on so that I was gradually able to dovetail in with the general plans, altho holding on to my conservative ideas. My first day at The P.S.C. was May 19, 1919. After a brief introduction to my work and meeting the folks, I felt practically at home when I found that my old friend, Dr. A. B. Hender, was the Dean of the school; and, after reminiscing, recalling old times, I felt as though I had been with The P.S.C. for many years. I was placed in charge of the General Office and there I found plenty to do. While the May, 1919, enrollment was practically over, yet there were new students almost daily. We were crowded in a small office space in the old Lanai Building. After going over the figures of the general ledgers, while there was much activity, yet, the totals of net assets were rather small. As nearly as I can recall, the net investment was about \$154,000.00. There were approximately seven hundred students attending The P.S.C. All available classrooms were used and in some instances the rooms were crowded. Adding new students during June and July, I can recall Dr. Cronk coming into the office announcing that, according to roll call that morning, there were 819 students in the School. The class-rooms in the Memorial Building and the old Drill Hall were crowded to capacity. Everybody seemed to be very happy, not only because of the number of students attending but the prospects were for larger enrollments, and we needed more room. This was the beginning of the expansion program of The P.S.C. and plans were drawn for the erection of the present Administration Building at an estimated cost of \$80,000.00.

The May enrollment left us with a bank surplus in the neighborhood of \$30,000.00. We undertook the erection of an \$80,000.00 building with less than one-half of the cash on hand to complete its construction. The 1919 September class came up to expectations. This was followed by the January, 1920, enrollment

with some three hundred students, which was the largest January enrollment in the history of the School. The Administration Building was completed along in February, 1920. The printery was moved in and the basement was then made ready for The P.S.C. Cafeteria. Instead of using the second and third floors for the Faculty Offices and the General Offices, Correspondence Department and General Accounting, as had been planned, it was necessary to use the two floors for class-rooms in order to provide facilities for the students then numbering somewhere in the neighborhood of 1400. As stated before, the estimated cost for the erection of the new Administration Building was \$80,000.00, but, when completed, the total cost was \$168,000.00 or more than double the original estimate. Next of importance was the 1920 September enrollment. In round figures, there were 600 enrolled. The class was christened the "Noble 600." While the large enrollments beginning with September, 1919, to and including the May, 1920, enrollment enabled us to pay for the cost of constructing the new Administration Building, yet with 600 students added in September, 1920, we were again crowded for class rooms to take care of the then over 2000 students attending.

With this crowded condition and our prospective list from the Field indicating further increase in student enrollment for The P.S.C., it was decided to plan and erect a modern class-room building. I do not recall from what source I received the information as to the estimated cost for erecting the new building but someone referred to the amount as being \$150,000.00. Personally, I wondered where we were going to get the money and if I had known at that time that the finished cost would be \$410,000.00 I am inclined to believe that I would have passed out of the picture. Additional property fronting on Brady Street had been purchased. The buildings were removed and excavation begun and the foundation for the new Class-Room Building completed before the end of 1920. Our cash reserves were soon exhausted but we had to find ways and means of completing the building sometime in 1921.

Many of you will recall our appeal to the Field to purchase P.S.C. Gold Bonds. A total issue of \$300,000.00 was provided by a first mortgage trust deed to the American Trust Company of this city. Of this sum \$240,000.00 was subscribed and paid for by loyal friends of the institution. These bonds matured serially

during a period of ten years. The terms of the trust deed called for payment of \$10,000.00 semi-annually and, in order to meet the semi-annual payments, the trust deed further provided that we were to make monthly payment deposits in the sum of \$3,600.00 so as to cover semi-annual retirement of bonds and, also, to pay the interest on the outstanding bonds. The trust deed and bonds were issued and made available on July 1, 1921. The response to our appeal provided sufficient funds to complete the Classroom Building and have it ready for September 1, 1921, in order to take care of the September, 1921, enrollment.

Many of you will recall the 1921 September class, 1000 strong, "The First 1000 Class." By the time all the new students were seated, using fourteen class rooms, and the noses counted, the timekeeper reported a total of 3300 students. The P.S.C. was looked upon as one of the main institutions in the city of Davenport which provided activities as a basis for a reasonably good business condition in the city. Students and their families had to have a place to live; they must have a bite to eat occasionally and must be clothed in order to meet the regulations and ordinances of the city. So the conditions were very good in Davenport, Iowa, even in spite of the fact that some of the old stand-by institutions, factories, and industries were closed because of the readjustment process after the World War.

September, 1921, proved to be the peak of enrollments in the history of the School. It must be remembered that the large enrollment in 1921 was due to the most extraordinary and abnormal conditions. Included in the student numbers, we had several hundred who were sent to us through the Veteran's Bureau of the Vocational Board of Education for World War Veterans. Quite a goodly number were here for a post graduate course. The P.S.C. offered free a four months course to those who had served over seas or in any way had taken an active part for the U.S.A. during 1917 and 1918. So the reason for the large enrollment was a sum total of conditions and circumstances of a most extraordinary kind.

During these periods of apparent growth, and almost overnight multiplication of new students and cash receipts, it was almost impossible for anyone to very accurately lay the plans for the future so far as a financial background was concerned,

but everyone tried to do the best and assume a hopeful attitude that a greater and better future was in store, but the reverse was true so far as future enrollments were concerned. There was a gradual falling off, and during the three years that followed, every class enrollment showed a marked sign of decrease as compared to the like period for the year previous.

The gradual decrease in student enrollments was of much concern to everybody but, in addition to this situation, there were also some very sudden changes taking place in the Field. Nearly every state legislature was presented with some kind of a Chiropractic bill for the purpose of legalizing and licensing the practice of Chiropractic. The states that already had a Chiropractic law were considering changes and, in many instances, with the idea of closing those states by increasing and adding to the requirements for examination; but many states were added to the list of so-called licensed states and where the Chiropractors were not agreed on the kind of a law they desired, the states remained open and we can recall the "Go to jail" policy in California, Ohio, Michigan, Indiana, and other states.

With the large number of students at The P.S.C. and other Chiropractic Schools throughout the United States, the A.M.A. and its subsidiary organizations became very active. The old school recognized that Chiropractic with its thousands of students was soon going to be a force that must be recognized as an agency that would contend for part of the heretofore business and income of the medical doctor and, therefore, Chiropractors must be vigorously dealt with — and the fight was on. In some states there were four or five different factions, some for The P.S.C. and others against The P.S.C., groups of straights and groups of mixers, groups of anti-B.J. and groups of pro-B.J.; unified actions and unity of purpose were rather scarce articles.

The first murmurings of a basic science law came from Wisconsin. Some realized the extent of its vicious application to thwart Chiropractic progress, others were willing to abide time, and still others felt that further curtailing and limiting Chiropractic and Chiropractors would make their situations more secure and give them greater independence.

With this complex situation on one hand, running thru the years 1920 to 1923, came the introduction of the NCM, beginning

with the analyzation of its merit during 1923 and the formal announcement during the early part of 1924. In the formation of plans precedent to the presentation of the NCM to the Field, many phases of the situation had to be carefully considered, not only from the standpoint of its value as necessary in the program of gaining a better understanding of Chiropractic but what the effect an introduction of an instrument of that kind would have upon the Field in general.

After several months of deliberation and many conferences, a ten year lease plan was decided upon and a contract was entered into with the patentee which provided for a certain percentage of monies received to be paid to the patentee as royalty. Hundreds of thousands of dollars poured into The P.S.C. from all sections of the world. True, this provided for the retirement of P.S.C. Gold Bonds and the payment of all other accounts, notes, etc., leaving a very comfortable cash reserve balance.

The P.S.C. was momentarily placed in a strong financial position, no debts and one-half million in cash reserves. It was thoroughly known and understood that with a ten years lease plan, the NCM Program to be carried through for the period of years according to the lease contract would require a very large sum of money. Men had to be trained in NCM technic in order to carry on a Field school of instruction. Eight men were sent out beginning with September, 1924, going in different directions and calling on the lessees. This entailed an expenditure of about \$700.00 per month per man. Suits were filed and prosecuted for the purpose of clearing the patent situation and patent rights were finally granted during September, 1925.

Needless to say that in order to carry on all branches of activities in connection with the leasing of the NCM many of the departments of the School were augmented by additional employees. The first five hundred instruments had to be replaced with a better and more rigidly constructed and dependable instrument. While the expense of carrying on the NCM program entailed many thousands of dollars each month, it must be remembered, as stated before in this letter, that student enrollment was gradually on the decline. We had more instructors than the need required, but B.J. felt that the slump was only temporary, and that it would not be a good policy to dismiss those who

were trained for the work when it would be only a matter of short time when we would want to recall them. All were retained on a fair salary basis, but it is sad to relate that the expected did not happen. As our cash reserve was depleted month by month, it became absolutely necessary to take strenuous steps towards reducing the School's overhead, and it must be understood that it is rather an easy matter to increase the force of any institution, to add on and to build up, but it is entirely different to retrench and get down to within the cash income basis. Various means were employed during 1925, 1926 and 1927. More money going out than money coming in. I can well recall the making up of a statement for a period of twelve months, and the monthly income was more than \$26,000.00 less than the monthly total paid out. Such a condition could not long continue. Something had to be done because The P.S.C., after all, must be saved. Finally in 1927, the School was forced to ask the Field to subscribe to a P.S.C. Gold Note issue. The total authorized was \$150,000.00. The total subscribed for to date is \$100,000.00.

In order to conserve the cash as much as possible, members of the Faculty and department heads accepted one-half payment of salary in cash and the balance in P.S.C. Gold Notes. Everyone was willing to do his part in order to tide over the situation.

In addition to the Gold Note issue, we were forced to go into debt by negotiating a loan for P.S.C. Building Company on the Memorial Building. During these years, it was a hard matter to provide necessary cash in the bank in order to make our weekly and semi-monthly payroll. From week to week and from month to month, we wondered how things were going to come out.

We carried on as best we could until the fore part of 1929 when we realized that we were in rather a hard situation. Our bills were accumulating. We were not able to pay for the merchandise purchased. Our accounts were dragging out thirty, sixty and sometimes ninety days after due. The concerns which we had dealt with for years were willing to carry us along but we knew that eventually the accounts had to be paid. Several conferences were held. We discussed the situation from every angle, and along about May, 1929, we agreed that we must adopt a more drastic policy in order to conserve what The P.S.C. stands for.

The writer suggested that any plan we might decide upon should not be put into operation until first consulting with the officers of the First National Bank of the city of Davenport. Having been unable to make payment of taxes, we were, in addition to the loan from the bank on the Memorial Building, indebted to the bank for something like \$8000.00 for money the bank had advanced us to keep the property from being sold for taxes. My suggestion prevailed and the president and cashier of the First National Bank were called in. The officers were pleased that we had the confidence in them and that we were willing to put into operation any plan which they might suggest. The result was that Mr. William M. Brandon, Cashier of the First National Bank, was appointed financial administrator, assuming his duties in July, 1929. Mr. Brandon made a very careful survey of the entire situation, inquiring minutely into the activities and securing information as to the various department operations and all the details that entered into the business activities of the School. Mr. Brandon was given every cooperation in order that his ideas and plans might be worked and carried out as nearly as desired. Departments were merged for the purpose of providing greater efficiency. Reduction and eliminations were made wherever it was possible. We hoped that we were on the right road and Mr. Brandon gave us much encouragement.

Everyone retained on The P.S.C. payroll realized the need and necessity for greater application to his or her duties. Everyone was on their toes eagerly awaiting an opportunity to do something worth while and cooperation came from every way. Expenditures were cut \$4000.00 per month. Receipts were increased. The plan worked fine — less to pay out and more money coming in. We began paying off; we were getting ahead; we were making a profit. We were going and traveling in the right direction. We adopted the slogan to keep our feet on the ground and continue to be firm, and it must be stated here that members of the Faculty and department heads and other workers throughout The P.S.C., some with salaries cut, others who realized that increase in pay would necessarily have to be postponed, all continued to carry on, more than willing to do their share. We still have some time to go before we can boast that we have no debts and a cash reserve but, unless something unusual happens, we will be in that position before very long.

Since July 1, 1929, we have accomplished the following: We have reduced our bank indebtedness several thousand dollars; on July 1st, 1929, we owed on accounts payable something like \$14,000.00 and now we are paying our bills promptly and taking advantage of every discount, and I dare say that there is no institution in the city of Davenport whose credit is considered better than The P.S.C. In spite of the fact that it had been predicted by business men (who are supposed to know) that The P.S.C. was on the rocks and that it would be only a short time until The P.S.C. would be no more, we are still doing business. We have changed from a monthly fixed loss or deficit to a monthly profit or surplus.

The P.S.C. is now an active, thriving business institution and always a busy place. Everyone has taken upon themselves a fixed responsibility. Members of the Faculty, even though on a reduced salary basis, remain loyal to The P.S.C. and are carrying on their work even though the Field offers them a greater and better opportunity from the standpoint of financial remuneration. The P.S.C. Printery is a busy place, due mainly to the efforts put forth by Mr. Ralph Evans, who has given unselfishly of his efforts, and ability in order that The P.S.C. Printery may provide the Chiropractic publications necessary for the Field. The production of Chiropractic Educators has doubled during the last year and the National Magazine, "The Chiropractor," (at one time thought wise to discontinue) is now more eagerly anticipated month by month because it contains much that is valuable for the advancement of Chiropractic. Our Sales Department shows that The P.S.C. is relied upon for the furnishing of the Chiropractors' offices and our sales have nearly doubled. The Cafeteria has assumed an entirely different atmosphere and throughout the institution every department is busy and the workers are planning for a better and greater P.S.C.

We are now not only paying our current bills and taxes as they come due but we are also reducing our fixed indebtedness, having paid off accommodation notes and part of the indebtedness to the bank and, in addition to that, building up a cash reserve. We have a goodly daily bank balance, and nobody is worrying; but it is necessary to hold fast to our slogan to "Keep our feet flat on the ground and continue to be firm."

Lastly, I have a very important bit of news. I am sure you will be pleased to know that our matriculation records listing new students from the 1st of January to date shows a 30 per cent increase over the same period during 1929. The 1930 P.S.C. Lyceum and homecoming will be held during the last week in August, beginning Sunday, August 24th. Let us all see to it that the 1930 Lyceum will be recorded as a week of profitable activity, thereby lending further encouragement to the efforts put forth in our new plan of operation, and I am sure that sincere and earnest cooperation by everyone will spell success. Those of you in the Field, plan to be here for the full week.

I have given this analysis in order that those who are on the outside, who are in doubt and who entertain fears for the worse, may know that we still have something worth while and much to be proud of.

Sincerely,

HWB-LMM

HENRY W. BRUHN,
P.S.C. Registrar and Auditor.

(Fountain Head News, June, 1930, TWENTY-ONE YEARS AGO.
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CHAPTER 71

The Story Of PROPHECY?

(Fountain Head News, June, 1930, TWENTY-ONE YEARS AGO.
Published by The Palmer School of Chiropractic.)

Let me give a prophetic observation, after sizing up the general financial, professional, and personal situation of our profession, with a thot in view of telling you what is going to happen to each of us in each of these situations.

The field is milling around, much like a herd of cattle who are being driven by unseen, unexplainable forces. A few head this way; a few head that way; a few try to run astray; a few do run amuck. There is also a great big group that know just what they are doing, where they are going. And then, there is also a third group that doesn't know which way to turn, or whether to lie down and die; not knowing whether the fight is worth the struggle.

Putting it into our understandable language, our profession is gradually evolving into three groups. First, that group that is going into mixing with adjunctive therapies, diagnosis instruments and apparatus, etc. This group, generally speaking, has run the complete gauntlet, or are doing so. This group divides itself into three groups: (a) those who are positive they are on the right track, are defiant, bragging about "their rights," etc. (b) Those who are beginning to waver; not so certain about the value of any or all of the stuff they have bought, but are not yet willing to throw it away, take the total loss and charge it up to experience. (c) Those who have run the gauntlet; know that you can't burn the candle at both ends; that you can't sit out on the outside of the branch and saw it off without taking the bump that goes with the right to saw it off; who have found the uselessness of useless expenditures and are making clean breasts of the whole thing; cutting it all out and getting back into the Chiropractic wagon again.

Second group: This group doesn't know whether to make the plunge or not. They look around; they feel the urge; the pressure to plunge surrounds them on one side; the pressure upon the other side tells them to be cautious and careful. One fellow tells them this therapy is fine and this diagnostic instrument is great; another tries to reassure them that only Chiropractic will win in the long run, etc. A percentage of this group will fall by the wayside; they always do. There will be another percentage that will automatically die in the scramble, go to the professional scrap heap and be out of the picture. But, there will be another percentage that will find themselves in the equation, come up smiling, bob up with a sparkling, sincere conscience and go on with their great life's work.

Third group: This group consists of the real fellows — those that know *now* and *always have known* where they are going. They either thot it thru before they came to school and took that definite stand; or, they may have had it pounded into them at the Chiropractic school they attended (and sometimes this happens in spite of some schools and because of some others); or, they may have *found themselves* after they got out into the field and had some sick patient who got well with Chiropractic pound some Chiropractic into them. This third group is growing stronger numerically, personally, professionally, and financially. Their business is growing. Their clientele is of the finer people.

As I attend more conventions, speak before more groups of Chiropractors, I can see the three different groups before me. In the *first group* they shake hands with me in a sheepish manner, they slide up to me in a sneaking attitude. Their tongue is oily and slippery. They say the finest things in a thieving, lying manner. I can read between every word and get their real meaning. They think they fool me and I sometimes (?) let them think so. More than likely, sometime during the conversation, I drop a hint or a look which tells them that I am wise to their subterfuge game. *But they come to hear me talk Chiropractic, and that's the big thing.*

I think they come for one of three reasons: (1) to openly defy my logic and reason to try and convince themselves that they were right before they came; or, (2) they think I may say something that they might miss hearing; or, (3) they come to sin-

cerely try to help themselves find themselves to find out why they are where they are. No matter what the motive that brings them, they are always welcome to come to *hear me because they will always hear Chiropractic whenever I speak and none of it can hurt them and some of it may do some of them some good.*

In the *second group*, I can read the doubt that hangs around them. There is no decision to anything they think, say, or do; they suggest indecision. As they think, so they do radiate it to their patients; no wonder their practice has slipped. They don't know where they are going, therefore their patients don't know whether to stay on or quit.

In the *third group*, we have people of positive affirmation. They *know*. They think straight. They speak positively, they act clean-cut. Their patients are not left to float about running wild. They either come or go, and while they are here they know exactly what to do because they are so told.

Each of these three great groups is taking shape. Each is putting himself into the group where he wants to get. The lines are fast taking form. The demarcation is becoming clearer. The three groups are organizing themselves into definite form. The whites are gathering together. The blacks are getting themselves together. The grays are becoming either white or black.

But this much I *know*—each and every man is largely prompted by the greed of the game. He is in *Chiropractic* for the money he can get out of the sick with its use. That being the primal motive of the many I can say to you *without hesitation, it's the whites who have the business, who build the business, who hold the business, who get it and keep it permanently.* And, by the whites I mean *those who confine themselves to Chiropractic.* All others are relegating themselves into the professional discard and are rapidly eliminating themselves for themselves by themselves.

(Fountain Head News, June, 1930, TWENTY-ONE YEARS AGO.
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CHAPTER 72

The Story Of

ACA-UCA UNION — WHAT DOES IT ACTUALLY MEAN?

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(Since my return home from over-seas, I have been asked my opinion of the National Chiropractic Ass'n. Without fear or favor, I herewith give you my analysis of the situation as it stands. — B.J.)

Let us analyze each association, study its history, its record of deeds.

Years ago The UCA was born in the basement of 828 Brady. It was conceived by Hod Norton, Ernest Erz, and some seventeen others, including B. J. Palmer.

One of its members was arrested in LaCrosse, Wis., for "practicing medicine without a license." *Defense was demanded.* He couldn't do it alone. A group was needed to pool money. All others might be in like predicament when they went out. An objective was before that group — the right of the sick to get well, with *Chiropractic*, must remain unchallenged by any and all foreign enemies. They employed the firm of Morris (Tom) and Hartwell (Fred).

B. J. Palmer was elected Secretary. He remained such until 1925. It was an *objective-business* concern; conceived as such; managed as such; run as such.

By "*objective-business*" is meant that it had an *objective* which was served in a *business-like* manner.

The *objective* originally laid down was: Chiropractic was primary and Chiropractors were secondary in its function; the message and message bearer — one *always* more important than the other. The *business* policy laid down was: *Every dollar* collected was to be used legitimately and economically to better

save and serve Chiropractic in its purity for posterity. The right of the sick to get well with Chiropractic must remain unchallenged by any and all foreign enemies.

That *objective and business policy* was guided for twenty years by two men — Tom Morris as the legal head, and B. J. Palmer as the Chiropractic head.

It grew; it thrived; it did things for *Chiropractic* — the *TIC*. And, in serving Chiropractic, it automatically served Chiropractors, by protecting the message for the message bearer, "that the right of the sick to get well with Chiropractic must remain unchallenged by any and all foreign enemies."

It was a strong, growing organization. It guided legislation — for Chiropractic. It prevented detrimental legislation being passed by medical, osteopathic, or Chiropractic interests, whether innocently, ignorantly, or maliciously designed, "that the right of the sick to get well with Chiropractic must remain unchallenged by any and all foreign enemies." It directed the path of state associations — for Chiropractic, by preventing the Chiropractor from losing sight of the primary objective of why he was in business — a fault many of our people have. It protected the Chiropractor — for Chiropractic, thereby protecting "the right of the sick to get well with Chiropractic, which must remain unchallenged by any and all foreign enemies."

In 1924, B.J. made a trip around the world. While the cat was away, the mice got their heads together into a conspiracy. They resented that firm and deliberate hand which had held them to objectives for twenty years; they rebelled against him who would not let them put their hands into its exchequer and take its monies for personal use; they schemed against him who took power from the Board of Directors who wanted to hold semi-annual beer and booze parties at its expense, running into thousands of dollars. The objectives of the UCA did not include loot for its elected officers.

When B.J. returned, the skids were greased. B.J. was to go. Rather than be forced out, B.J. took the hemlock and resigned.

Tom Morris was competent *legally* to run The UCA, but he was not competent *Chiropractically*. Tom Morris assumed the *legal* reins and tried to carry on both sides. Plots were laid

against him, for he, too, had spent twenty years in building up its objectives into a successful organization for the right of the sick to get well with Chiropractic. He defeated them fairly well, but they eventually got *him*.

Broken hearted, having sacrificed twenty of the best years of his life to the upholding of this great health service, he finally passed out of the picture.

The UCA now passed into the hands of the wrecking crew — those who thought more of their own pleasures than a sacrificing service to a cause — to whom it mattered little whether Chiropractic was saved or not; whether Chiropractic was kept pure for posterity or not; whether the sick got well with Chiropractic or not.

Weaker men than B.J. or Tom Morris tried to carry on. The new men did not have the confidence of the rank and file of our profession. Amongst themselves, each knew too well what the other was after. Membership began to drop; money ceased to come in. Under their managership, it began to deny things the older UCA stood for. It reversed policies, it denied fundamentals. It was slipping in numerical and financial strength. Two members were engaged to travel from coast to coast to solicit memberships and bolster up the old. As far as can be ascertained, they did neither successfully. They blew hot and cold; they made concessions; they misrepresented the former control of the UCA (until checked); they actually weakened the organization by reducing its numerical strength and financial income. They were a liability — not an asset — at the same time devouring money paying two men's salaries and traveling expenses, always going together.

Naturally, and as is to be expected, the profession gravitated into two groups — those who were for a firm controlling hand, and those who wanted to run wild without restraint. Those who were for that sort of thing, joined the ACA and helped on its objectives, under the leadership of Dr. Margetts, who has since faded out of the association picture. These people gravitated to their common interests — they formed that kind of an organization that could and would best express their indignation.

It stood for the right of the Chiropractor to govern himself, independent of any man, regardless of who he was. It gathered

unto itself those who had felt "the hard hand" of the man who fought their self-aggrandizement at the hands of its hard-earning and sacrificing payments of dues. It gathered into its folds those who wanted to add to or subtract something from Chiropractic. It drew around itself those who wanted a license regardless of the cost to Chiropractic—in other words, those who opposed every policy of the old UCA formed a new association wherein they could do as they please, regardless of the price Chiropractic paid in so doing.

The ACA, therefore, was born of *opposition* to the UCA and all it stood for. It was a playground for mixers who wanted the fruit of *Chiropractic* without earning the right to *Chiropractic* by helping to sustain it.

The simplified program of the ACA was to be opposite and in opposition to the UCA. It had one fundamental which was strongly urged and strictly adhered to—to give to Chiropractors all that which the old UCA denied to Chiropractic.

So far as *Chiropractic* was concerned, the ACA always was a straw baby organization.

With the ACA already at a low level in Chiropractic, and the UCA rapidly slipping down to a low level in Chiropractic, it was but a question of time until they would *both* reach *the same* non and anti-Chiropractic level of service. Given time, they both stood for the *same things*.

The ACA took the path of least resistance to start with. The UCA was rapidly taking unto itself the paths of least resistance. Both organizations were advocating anything medical anybody wanted; granting every "Chiropractor" anything he wanted in "Chiropractic"; or, reversing the language, granting everything medical any Chiropractor wanted.

The UCA was now another straw-baby organization.

The ACA never was a strong organization as compared to the old UCA. It had few members, little financial support, and no objectives or business policy that favored Chiropractic. By "few members" is herein meant, regular, bona fide, fully-paid-up memberships. I do not here regard the "\$ a year affiliated members" as any other than so many names on a register. The UCA was getting weaker, month by month; losing members; denying its

debts; doing less for Chiropractic; granting greater "liberties" to Chiropractors by actually permitting them to commit slow suicide against themselves.

When any organization ceases to legitimately and objectively serve those who pay its dues, they drop out, and it drops down. Both organizations were *existing* in name—neither *serving* Chiropractic; both on the wane and each divided the same field of the other; hence oblivion and bankruptcy faced them both, given time.

Overtures were made to me, when UCA Secretary, to unite them. It was impossible. The UCA was (*then*) *serving* Chiropractic, the ACA was serving Chiropractors. When I passed out of the picture, overtures were made to Tom Morris. It was still impossible. The same difference in objectives and business policies existed in Tom Morris' mind as in mine, therefore the same barrier. When Tom Morris passed out of the picture, and the UCA passed into weaker hands, overtures were again made. It now became a possibility. Were not both serving *the same* master? One thing positive faced them both—obliteration—or amalgamation.

Amalgamation *has* taken place. *What* has taken place? Two straw organizations have been amalgamated into *one* straw child.

The *strength* of any "Chiropractic" organization rests *solely* and alone in its *Chiropractic objectives*. The ACA never had any Chiropractic objectives, for be it remembered it was born of prejudice against a man and in opposition to the policies of the UCA. The UCA once had them. The UCA did not *now* have any. Neither, alone, now had any. *Have they now united any?* Time will tell! Time has told what has become of the UCA. And what I restate now is no different than what I told the profession in 1925. I said then that the UCA *would live* if it maintained its former objectives; that the UCA *would die* if it lost them. Knowing the men who were directing it, I prophesied that it would die. They *thot* more of themselves than they did of Chiropractic.

Thruout this statement, a distinction and a difference exists between fundamental objectives wherein Chiropractic has been the goal of one association, and pleasing the Chiropractor as advocated and practiced by the other.

I shall make that clear by citing methods used:

The UCA, the ACA, and the CHB, as organizations, are similar to non-profit-sharing, co-operative or mutual insurance companies — a group united for a mutual purpose, spending the profits or losses mutually upon its members.

The member, when he joins, assumes the burden of loss, if any, and shares the profits, if any. With the older UCA, and now with the CHB, there were no profits — the assessments being arranged as cases and defenses demanded. Surplus went into a sinking fund to meet possible mal-practice judgments when such occurred.

Insurance companies enter into contracts with members to cover a certain risk of loss; to indemnify the member if there is a loss. The amount of the annual premium which the member pays is based upon the kind of coverage he needs — more coverage, more premium.

This is how it worked out in two of these associations:

Association A: The premium was as low at \$1.00 per person per year, for state affiliations. In others, where there was no state association affiliation, it fluctuated around a very low premium for the association in question offered much for little, and gave little in return.

Suppose a member paying this low rate of premium were charged with mal-practice, in which \$50,000.00 damages were asked. This association, thru its national counsel (who stayed at home and never left his office to try its cases) would write a letter directing the Chiropractor to engage a good lawyer, allowing him a stated amount, advising the Chiropractor to advise the lawyer to *not* fight the case; to have the lawyer call upon the one damaged (thru his counsel, of course) "to settle the case out of court as cheaply as possible." Possibly it could be settled "for \$25.00, \$50.00, or even \$100.00 and lawyer's fees." The probabilities are that this insurance association got out of the case for as little as \$225.00 to \$250.00. \$50.00 went to national counsel (who never left his office) \$50.00 went to local counsel who went thru the motions and plead guilty for his client (under instructions of national counsel), and \$100.00 to the injured patient, and possibly \$25.00 for court costs.

If the insurance company were *purely an insurance company*, this would be the consistent, logical, and business-like thing to do; to get the company off as cheaply as possible. *But*, this *purported to be a Chiropractic organization*, which meant that it held itself out to Chiropractors to be *something more* than a purely selfish, money-making organization. Any Chiropractor, thru any local counsel, can plead guilty at any time *without belonging to any national organization*. The object of belonging to a national protective organization is that *it can do what no local counsel could do alone*, viz., *save him from pleading guilty*; save him from the disgrace of admitting guilt; save him from injuring his business by admitting he injured a patient.

Every time this association advised its members "to settle their cases out of court," it asked that Chiropractor *to plead guilty to injuring a patient with Chiropractic*. It asked the Chiropractor *to admit that he was mal-practicing Chiropractic and was practicing medicine and surgery when he was practicing Chiropractic*. (For substantiation of this position, read Arthur Holmes' book on Mal-Practice.)

To make it a practice of pleading guilty is the act of cowards. It is the path of least resistance. It is the easiest way out for the Chiropractor. It is the cheapest way out for the insurance association — but it places Chiropractic before the public *as a dangerous method, injuring sick people, which the Chiropractor admits by pleading guilty to the charge*. This ruins the business of the Chiropractor so charged, via newspaper publicity, and it also costs a general injury to all practicing Chiropractors within the area reached by that publicity, as many of our Chiropractors can unfortunately testify.

The old UCA *did not* and the modern CHB *does not plead guilty*. If one of its members were charged with mal-practice, it stipulated that the local Chiropractor secure a competent but reasonably-priced counsel. He was instructed by our National Counsel that he must *not* agree to or stipulate anything without our National Counsel's consent and knowledge. The member was instructed that *the case would be tried in the courts on its merits*. A date was set for trial. Our National Counsel spent time in his office preparing the trial. Then our National Counsel traveled from his home state, to that distant state. Medical and

Chiropractic experts from within our ranks, and sometimes from without, were hired. These were transported to the scene of the trial — all this at association expense. The case was tried. It was fought thru sometimes several days. Witnesses were subpoenaed; they were paid, etc. In this way, *the case would cost not less than \$1,500.00*, and sometimes as much as \$5,000.00, and in one case \$10,000.00 — all of which was paid by the Association. If convicted and judgment assessed, the Association would pay damages alone up to \$5,000.00.

But the Chiropractor did not plead guilty to injuring a patient with Chiropractic; the Chiropractor did not admit publicly in open court, and therefore in the public press, that he was mal-practicing Chiropractic; or mal-practicing medicine and surgery when practicing Chiropractic; thus the good, fair, and clean name of Chiropractic was preserved in its purity for posterity.

Obviously, there is a difference between \$250.00 and \$5,000.00, which difference is paid into its treasury by the members, by and thru assessments.

The older UCA was not and the present CHB is not purely and solely an insurance company, for in and behind the CHB organization is *an objective, viz., that Chiropractic must at all times be protected in all ways.*

In the first organization, they listened to and did what the Chiropractor wanted done, without the average Chiropractor *knowing what he wanted done*; who asked the association to take the quickest and easiest way out of a dilemma which he *thot* affected him alone, disregarding the effect of his action so far as Chiropractic and all other Chiropractors *were concerned*. What he *thot* he wanted was to get quickly rid of the case.

In the second organization, or the older UCA and the present CHB, *the experience of the men behind was in charge of the trial of that case and directed its activities, regardless of what the Chiropractor thot he wanted*. It was the men in behind who realized that more was at stake than just *one man*; that there were *Chiropractic ideals* injected into the issue, which were just as important, if not more so, than he; therefore, these men pursued that program which *they knew* was best for *all concerned*, in accordance with definite objectives laid down in the formation

of the association. The Chiropractor that *he* was attacked. He wasn't. It was *Chiropractic* that was being challenged, using him only as a means to that end.

We who have run associations for many years (about twenty-five, to be exact) understand that the average Chiropractor makes much out of the immediate annual amount he pays to belong to one or the other of these two kinds of associations. In one, it is a small amount with *big* promises; and when the loss arises, they conduct the case as cheaply as possible by skinning the main issue, because they haven't the finances with which to conduct a first class case in a first class manner.

In one, Chiropractic is lost sight of in a desire to make its dues appear "cheap" — which they are. In the older UCA, and now in the modern CHB, assessments are approximately \$60.00 per year. The association will agree to do certain things to cover risk; and when the issue arises, be on the job in Chiropractor's home town, have the money on hand with which to do a first class job in a first class manner. But let it be understood they will *not* let the Chiropractor conduct that trial. That is done by older and more experienced heads than his, whose vision of Chiropractic and its importance in this equation is greater than his. In the older UCA and in the modern CHB, Chiropractic is the primary and constant objective and to defend it is expensive by comparison. Obviously, there is a difference in the "sales argument" between these two associations, viz., one has a low cost, the other a high cost. But equally obvious, altho not so glaring, is the difference in delivery — one destructive to Chiropractic, the other constructive.

Which one of these two kinds of program will the new national protective association assume? It is hard to tell. They were both pursuing the cheap program when they united. They were both listening to the howl and cry of the average Chiropractor when they united. Will they reverse this cheap program? Will they turn about and adopt the former program of the older UCA and the modern CHB? Time only will tell whether the men who control its destinies will see the essential vision. I hope they will.

That there are individuals among its officers and membership, now, who have that vision, is well known. That there are equally

as many, or more, who have never demonstrated Chiropractic vision *at all*, is also well known. But, the future of that organization does not depend upon what a few have on *one* side, or what a few have on the *other* side, but what they *all*, *united*, do with the association. Will they *unite* on an agreed program of vision? Let us hope so.

The CHB is now and ever has been up on that high-priced, high-standard basis. It has always placed Chiropractic *first*. It does *not* plead guilty with its cases. It has yet to plead guilty on a single case since it was formed. It will *not* admit that Chiropractic is the practice of medicine or surgery; it defends every case on its merits — and it has now a cash reserve that makes it possible to promptly and competently defend any and all cases and pay judgments if such are assessed against any of its members. The CHB stands unalterably for the objective of protecting Chiropractic. We see no reason why it should *lower* its standard to the level of any other organization for the purpose of amalgamation, merely because there is a hew and cry propaganda manufactured for that purpose. We do see a thousand reasons why any other association *should* raise its standard to the level of the CHB. When it does, then is plenty of time to talk amalgamation.

The average Chiropractor regards this issue as a conflict and rankling sore in the side of the profession — to have two associations opposing each other, theoretically having the same function to perform. But, *have they?* Smoke screens can be manufactured, but it does not change the facts in and behind, as the Louisville conference so befittingly brot forth. If the issues as herein presented are considerately weighed, all thinking Chiropractors who have the better interests of Chiropractic at heart will see that there is more at issue than just a conflict between two groups; or a desire of any one man to rule an organization, be it this one or that one.

While all that has been in the maelstrom, another substitute straw child was born and was injected into the picture — The International Congress. Five years and five conferences have come to pass. Talk — lots of it; meetings — many of them; several days of them each year — *and not one Chiropractic objective has been written into its records and agreed to by the mass group assembled.*

The *strength* of any "Chiropractic" organization rests *solely* and alone in its *Chiropractic objectives*. The International Congress has never *dared* pass any. No attempt has been made to pass any. Will they *ever* have any? Time will tell! And what I restate now is no different than what I have told the officers of that International Congress from the beginning, and annually ever since. I said then, and I have said annually, that The International Congress *would live* if it set forth, adhered to, and deliberately maintained Chiropractic objectives; that the International Congress *would die* if it went on, year after year, without setting them forth. Knowing the men who are directing its activities, I have consistently prophesied that it will die *unless they change policy*.

I know the Chiropractic case quite thoroly; therefore, I now prognose that the Chiropractic profession will be asked to marry the national protective association with the International Congress; to marry these two straw *children*. What then will the profession have? A straw boy married to a straw girl. Being immatured, below puberty age in Chiropractic, they will be sterile of any reproductive value to Chiropractic.

Can the new united protective associations do anything? Yes! Will the new united protective associations do anything? I have my serious and grave doubts!

Why?

Because each, by itself, and because each, now united, consists of the same old paths of least resistance; compromise; give every Chiropractor anything he wants in Chiropractic and thus the more quickly force him into his own downfall and ruin legally, legislatively, commercially, as well as economically.

Deplore the fact as we may; talk independence as much as we like — the fact still exists that *we grew and thrived* when The UCA held truly and sincerely to a policy of *Chiropractors for Chiropractic*, and *Chiropractic for Chiropractors* — never deviating from that principle, objective, and business program. Bemoan it as you please, the fact still remains that when B. J. Palmer conducted the UCA, it *was a successful* organization — not because B. J. Palmer ran it, but because *B. J. Palmer did not deviate from Chiropractic in its running*.

Glance your eye down the list of the Officers and Board of Directors of the new national protective organizations:

See *who* they are; look at their *past deeds*; investigate *what they do* in their offices; what they have always stood for by way of association affairs — and then tell me what one can expect in their government of this new united association, each blocking the other, if human nature runs true to form.

For five years the International Congress has been nothing but one group blocking another group; it has been bloc against bloc; it has been conducted as badly as Congress in that respect — each keeping the other from doing *anything for Chiropractic*.

In the ACA there has been no *one* man strong enough to rise above its petty membership and direct its forces. Why? Because each and every other man in the ACA *was a leader*. It had no leader, for *all* were leaders. This was likewise true of the UCA after B. J. Palmer and Tom Morris passed out of the picture. It then had *fifty leaders*. This is likewise true of the International Congress. It was conceived of a desire to “get *the leaders* together.” They have. Now none follow; *all* direct. Reminds me of a Mexican or Chinese revolution — all generals and no privates.

There are enough men on each side to block any definite program that anybody on either side might propose. Suppose somebody tries to put the new organization upon a sound Chiropractic footing. What would happen? The ACA and its former policies would be completely routed and repudiated. Would those ACA men permit this? Not if human nature is human nature. The leopard cannot change his spots. Suppose mixers tried to put this new organization on a mixer's basis. What would happen? That is hard to say. I think there are enough straights to prevent it, but of this I am not so certain, for one of the strongest men concerned in this amalgamation has recently gone mixing. There are enough men on each side to prevent either side from making any definite, positive policy program of value to Chiropractic.

There are some Chiropractors in that present united group that are so prejudiced personally, and antagonistic Chiropractically, because of the years past having developed it into them, that they will continue to sacrifice everything Chiropractic, rather than yield now to its better interests, even tho they

know what those better interests are and they have been pointed out. There are other Chiropractors in that combined group who are so interested in the "peace-at-any-cost, pacifistic, giving preference to amalgamation glory," that they will sacrifice *Chiropractic* to attain any or all those ends. There are some mighty fine, high principled Chiropractors, also, in that present officership of the united associations, who, having had no experience, think that certain ways are the correct ways to attain certain ends.

I know well the man or men who have engineered this amalgamation. For them, their motives and sincerity, I have only the highest admiration. They mean well. Hypothesizing that the past may be assumed to be buried, which it isn't by a long way, the vital question yet remains — what can be the possible program that can spring from such a mixed conglomeration of men, now that they have (?) united what they had before disunited? Outside of those groups, regardless of the facts, both for and against *Chiropractic*, there is and *has been* existing *one* group of Chiropractors who have builded an organization that thot more of *Chiropractic* than it did anything else; who are opposed to a "peace-at-any-price" program if *Chiropractic* is to be sacrificed; will not endorse any amalgamation where *Chiropractic* comes off second best. If it can be shown that *Chiropractic* is the first, great, and only objective of the amalgamation, it might change the complexion of much. Can this be done, other than with high-sounding titles, words, and promises, evangelical enthusiasm, of which our profession has had too much? Time will tell!

If human nature will reverse itself on one side of the equation, and every man lay down his cherished theories of self-independence, *and all resign themselves to do only that which is best for Chiropractic*, then — and not until then — will this organization be of value to *Chiropractic*. If that were done, the problem is solved; *Chiropractic* is served; it will again gain favor in the eyes of the profession; confidence will be restored; memberships will pick up; money will pour in; and business will return into the offices of its members; for coin of like returns itself, as it once did in the old days of the UCA.

In rebuttal to some of these statements, any one of these organizations will say that they *have been* serving *Chiropractic*. They use the name "*Chiropractic*" for their organization. But, when

any organization will declare itself for everything medical, including tonsilectomy by surgery, and deny the efficacy of Chiropractic adjustments, is *that* serving Chiropractic? When another organization will take page ads of medical apparatus and declare itself in favor of medical methods in substitution for Chiropractic methods, is *that* serving Chiropractic? When another organization will meet year after year and its delegates are cautioned about discussing Chiropractic, for fear that it will cause a rumpus in the path of a serene and happy meeting, is *that* serving Chiropractic? Citations could be given without end. It is like one "Chiropractor" is serving "Chiropractic" in California. He has "Chiropractic" on his window, doors, literature, ads in papers, etc. Go into his office and *you can't get a Chiropractic adjustment*. Why? His place is so filled with everything but Chiropractic that he hasn't room for an adjusting table. Is *that* serving Chiropractic? Is advising State Associations to sell their Chiropractic birth-right for a mess of license pottage, serving Chiropractic? But why cite more? You who read know most thoroly of what I speak.

Is there anybody in the ranks of the personnel of this united association group strong enough to lay down constructive Chiropractic objectives and pursue a business-like program and thus use that organization to further Chiropractic? Of course there is! Its President is one who could do it. Will *he*? The Board of Directors will block him, and no matter what his *intentions*, he will be helpless. Its amalgamator is a dynamic enthusiast. Will *he* do it? There will be enough to block him from injecting any program *he* thinks right and just. Other associations have done it before; they will do it again. History repeats itself. They will use men when they need them; ditch them when they don't want "interference."

This new organization *can* be made to be a dominant, strong factor in the future of Chiropractic and be of incalculable value to Chiropractors if:

- 1st. They will correctly and accurately define Chiropractic.
- 2nd. They will considerably and fully epitomize the field of service to which Chiropractic is destined in serving the sick.
- 3rd. They will establish a plank in their program that they will not compromise on the trials of mal-practice suits; that there

will be a "no pleading guilty" policy; and no "getting out of each suit the cheapest way possible"; that each suit must be tried on its merits.

Will this third plank be adopted? I have my doubts. The former Chairman of the Board of Directors of the ACA who is now Chairman of this Board of Directors, told me that the ACA had never tried a case of mal-practice on its merits. Will the former ACA members reverse its policy now? Time will tell! It always has.

4th. That all trials, whether charged with practicing medicine or any other method, shall be tried on their merits, regardless of cost.

5th. No settling cases out of courts; no pleading guilty to save financial expenses.

6th. A prompt and honest settlement of its legitimate debts to its members.

7th. A definite policy program for their affiliated states, as regards constructive legislation on Chiropractic; to aid and help pass Chiropractic legislation; and to fight and help defeat any legislation that injures Chiropractic.

Will this seventh plank be adopted? I again have my doubts. It has ever been the policy of the old UCA to do that very thing. That's why legislation is as good as it is; and it was the meddling program of the ACA, doing the contrary of that, that has put Chiropractic legislation in the bad way it is in some of our states. Will either side yield to the other side on this important question? Time will tell!

8th. A definite program should be definitely established with their affiliated state associations of demanding a reasonable and fair Chiropractic educational standard, both pre and post, so that schools may live and new Chiropractic growth come into the profession to take the place of those who are rapidly dying out.

Again the ACA comes in for condemnation on this score. In the past, they have encouraged the raising of all standards, in instances, to that of equalling a medical education. Will either side yield to the other side on this important question that Chiropractic may live for future generations?

9th. A definite and encouraging attitude upon the part of the parent organization to all of its affiliated state organizations, that their annual meeting programs *shall be* confined to inviting only Chiropractic speakers; that only Chiropractic subjects be permitted on the convention platform; and that only Chiropractic exhibits be permitted on display in convention rooms.

10th. A definite and understandable practice program encouraging and urging its members to confine their practice to that which everybody knows is Chiropractic.

Will that plank be adopted, or will the old ACA Chairman do again what he tried to do at the Louisville conference — raise the Chiropractic question to me: "Give him 30 minutes to tell us what Chiropractic is," which he knew then as well as everybody else in the profession.

11th. To establish a platform of intelligent co-operation with Chiropractic State Boards, urging a reasonable, fair, and just interpretation of their Chiropractic practice acts to the end that competent Chiropractors can secure a license, rather than building up prohibitive walls as some are now doing.

12th. So build the business side of the finances of this organization that no one Chiropractor within its ranks will be able to get fat fees out of rendering it a service; to build up such a wall that no officer gets pay for helping to help himself and others; that at no time can any officer be able to build fictitious expense accounts — all to the end that every dollar of income shall be spent to pursue the fundamental objectives of the purpose of the association.

To prove such *can be done*, let me cite the early history of The UCA; let me also cite *the present policy* of The CHB.

Will that plank be followed? I have my doubts, for I know the weakness of men, after having dealt with them for twenty years in the UCA. When they can use money they didn't earn, it is easy to make it go for purposes for which it was not intended. I do not speak inadvisedly, neither do I now challenge the honesty of any man who is on the staff of this united organization. I suggest that such a platform is *essential*.

Can the present conglomerate officer control of the new organization establish a program with any or all of these as its objec-

tives? I have my doubts. When they can, *and do*, and *will* raise their service standard up to such a high level, they will then but be being what the old UCA once was when it was a flourishing and successful association.

I am going to be asked to unite The CHB with this new organization. When the new organization has built itself up to a *program platform equal to that of the CHB*, then one or the other will automatically cease to exist; for two associations with the *same* objectives cannot live in the same profession. The reverse of that was what happened to the ACA and the UCA. When the UCA got down to the ACA non-Chiropractic level, then they were two bodies trying to occupy the same space. One had to cease to exist; it had no cause for existence, and was absorbed. It took six years for the UCA to come down. How long will it take the new organization to come up?

I note that a certain individual has been selected to serve as National Counsel. (The other man I do not know.) This man was trained under Tom Morris. When Mr. Morris passed on, this man began to play the path of least resistance. He was found to be a lawyer with no more strength than his employers. He was not a *leader*. He was but a lawyer, following his client. This man wrote a book on malpractice as it applied to Chiropractic and Chiropractors. Recently he has been called upon to decide questions reversing his lawful written and printed citations. When he wanted to decide to favor his employers, which contradicted his legal citations, he let other lawyers write the letters.

Will he get back on the just and right path and follow his great preceptor and successful teacher, Tom Morris? Will he humbly eat pie and reverse his recent attitude and begin advocating and trying cases according to what he knows is the just and right path for Chiropractic? He *can*. Will he? If he does, confidence in the legal end of the new association will be re-established; memberships will grow; money will begin to flow in, and the association will accomplish its Chiropractic objectives.

Meanwhile, *the CHB* stands for the various planks herein set forth. It adopted them as its *fundamentals*. I was asked to assume the leadership of this CHB. I refused to have *anything* to do with it *unless they placed Chiropractic first and adopted that policy program in spirit and in toto*. We have not yet and will not com-

promise any case, in trial, on its merits. We have an attorney who is as sound for each and every plank in the above platform as I am — sincerely, conscientiously, and legally. And, should he ever fall short of that standard, we will seek a man who can and will reach it.

Meanwhile, *the CHB* stands on a sound financial business basis. No officer in it, no member in its ranks gets *any* salary regardless of how much or how little work he does for its objectives. It has a cash reserve practically equal to that which the UCA had in its hey-day of its biggest membership. Those employees who *do* receive salary get a modest stipend. Every dollar of income is being legitimately expended, working for Chiropractic.

The CHB is a granite, he-man, full-sized, growing and successful, *all-Chiropractic* organization.

There can be no amalgamation, as I see it (unless the directing faculties are removed from my hands by the membership) until any or all other organizations come up to and meet our level; or the CHB goes down to theirs — a situation which will not exist so long as I direct the CHB activities. If such an occasion should arise, where the CHB policy-program ceases to be 100 per cent for Chiropractic, then I shall resign. The members will not be embarrassed by me, and they can do with it what they please.

I am not opposed to the *new* organization. Being *new*, it is new. It has yet to show what it *can* and *will* do. It possesses tremendous potential possibilities. If it rises up to them, no one will rejoice more than I, because it will be serving Chiropractic — and that's *all* I am interested in, or ever have been.

It is too soon yet to either condemn, condone, or endorse. There are many entanglements in the way of immediate accomplishment. It is going to take at least five years for a sincere evolution to take place in many in its ranks. To merely record words to gain financial support, and fail to deliver in Chiropractic work, does not now gain my endorsement or support.

When that time comes when this new organization has unreservedly adopted and is executing some such a platform as herein suggested, then I shall be *for* that organization without reservation. When the CHB becomes satisfied that the new organization

is serving Chiropractic; has established a stable and sound program with nothing but Chiropractic for its goal; is economically spending its income to that end, then we shall withdraw all reservations, ask that the CHB be dissolved and further ask that they be amalgamated into *one* big national association. There is room for a dozen "Chiropractic" organizations when each has a divided objective; but there is room for only *one Chiropractic* organization when there is a *Chiropractic objective*.

The present officers of the national association have a golden opportunity to do something great and good for Chiropractic. Will they? Time will tell! Meanwhile, I shall not jump from a CHB certainty to an unknown united association quantity, especially when they are born of mixed relationships which could flare and burst either way.

Ten years have shown how the ACA failed to do anything constructive for Chiropractic; on the reverse, have shown how it has done much that *was* destructive. Six years have shown how the UCA can drop from a strong association to one that was practically forced to seek shelter to save its face. Five years have shown how a strong group of strong men have gathered year after year and did nothing but debate whether they ought to begin to get ready, to commence, to start to do something either for or against Chiropractic; but, as yet, have failed to do either. Time will tell whether the united association will do better as one organization, or worse than they did as two separate organizations. I refuse to be cajoled, urged, coerced, or budged from what my reason proves are the facts in the case. I am just as set in these convictions as Chiropractic is right. I am just as "stubborn" as Chiropractic being right dictates. I have no other course.

If the new united association should fail the profession; if the Congress continues to fail the profession, and its delegates continue to get disgusted — then what?

Ever since 1924, the profession, its state associations, its national protective associations, its International Congress have been seeking a leader. Is he hiding in that new united group? Is he submerged in that International Congress? If he is, drag him out, put him in control against his will, make him work *and save Chiropractic from its traducers*.

Time will tell what the profession will do when they get thru playing with Chiropractic.

Since writing the above, we have received two copies of "The Journal" of The NCA.

In Vol. 1, No. 1, we note the following:

Page 2. *"All Together For Chiropractic!"*

In this same issue, we note the following advertisements:

Page 11. A radionic equipment for sale. Superior Bath Cabinet Co.

Page 14. Urinalysis and Diet.

Pages 18 and 19. A center spread, double-page ad of the Calbro Magnowave radionic diagnosis and treatment.

Page 25. An article that denies Chiropractic.

Page 26. Has a heading "Work for the Chiropractic Profession." This is followed by an ad asking you to send for "Plasmodium Malaria and Parasities, Blood Smears, Pus Smears, Faeces," etc.

Page 30. "Become a Doctor of Bio-Psychology." New Nasal Technique. Gives instant relief in head colds," etc.

Page 31. Full page ad of "Anabolic Food — Laxofood," etc.

Pages 32 and 33. Full page ad of "Pathometrist" treatment methods.

Page 34. "A Gold Mine of Foot Knowledge."

Page 37. "Use Spinal Traction."

Again, let us shout it — "All Together for Chiropractic!"

In Vol. 1, No. 2, we note the following:

Page 5. *"Something to Crow About. The N.C.A. for Chiropractic First, Last and All the Time."*

"If there be any doubt in the mind of anyone as to the National Chiropractic Association being first, last and all the time for Chiropractic——."

Then follows a long list of words of what this association purports to stand for. Let us glance over a few of them.

"To protect in *every way* — the philosophy, science, and art of Chiropractic."

"To gather and disseminate reliable information *as to the exactness of its science, the truth of its philosophy and the benefits—.*"

"To bring about a more general understanding of *the true principles of Chiropractic—.*"

"To familiarize the general public *with Chiropractic as a means of removing the cause of human ailments—.*"

"To do everything to bring about a *complete development of Chiropractic.*"

Then, to prove that all this is *just mere words*, let us glance over the advertisements in the same issue.

Page 10. "A Kruse Vapor Bath Cabinet, Magnetic Blanket" for sale.

Pages 16 and 17. A center spread, double-page ad of radi-
onics, again. This is a diagnosing *as well as treating* instru-
ment. It *treats disease*.

Page 20. Superior Bath Cabinet Co. Also, "One Terpezone Generator" is for sale.

Page 21. Article on Diet Therapy. *How to Treat Disease* by diet.

Page 28. New Nasal Technique ad.

Page 29. Use Spinal Traction.

Page 30. When Chiropractic *fails* to get the sick well, take anabolic food.

Page 33. Bio-Psychology. Buy books on irridiagnosis.

All this, evidently, is "Something to Crow About."

This is substantial proof that "The NCA — for Chiropractic first, last and all the time." Is it?

All this is mentioned here, in the passing, as proof of our analysis of the situation as it now stands.

CHAPTER 73

The Story Of

LOCATION OF D. D. PALMER'S

FIVE PER CENT

By Kalvart K. Tidwell, D.C., Ph.C.

(Fountain Head News, October, 1931, TWENTY YEARS AGO.
Published by The Palmer School of Chiropractic.)

In a recent article wherein the remark is made that "Dr. D. D. Palmer states clearly that about 5 per cent of displacements affecting nerves occur in joints other than the vertebral column and that it is Chiropractic to adjust them," Willard Carver would have Chiropractors believe the location of D. D. Palmer's 5 per cent of luxated joints, causing disease, other than those of the backbone, to be of a scattered nature, here and there among the various articulations of the skeletal frame. He carries his shot further: "It seem to me that it is very clear that the 'Old Master' could easily have been mistaken as to the 5 per cent, for anybody knows, who thoroughly understands his anatomy, that if, for instance, a thoracic vertebra of the regular type is displaced there must be a displacement of the joints at the head of the two ribs, and the joints at the necks of the two ribs, and usually where the ribs join the condyle cartilages." It would seem that such is the intent of the article written by Dr. Carver, for the same issue that carries Carver's article (The Hawkeye Chiropractor, Vol. 6, No. 7, May-June issue, 1931) also carries an editor's comment as follows: "If the subluxation is in the spinal column, adjust it; if the subluxation is in the shoulder, elbow, wrist, hip, knee, ankle or toe, adjust it. Adjust the causative subluxation, wherever it may be. Remove the nerve interference, the basic cause of disease." Thus the LOCATION of D. D. Palmer's 5 per cent luxated bones, causing disease, other than those of the vertebral column, seems to be the lost chip in the wood pile. If Dr. Carver only realized that it is so easy, very easy, to misunderstand, to misinterpret, to misjudge, then he would discount his own observations literally, for D. D. Palmer left a

written record wherein the LOCATION of the 5 per cent of luxated joints, other than the backbone, is specifically given.

From D. D. Palmer's writings (1911), "The Chiropractor's Adjuster," page 207, 4th paragraph, I quote:

"I emphatically affirm, as I did 13 years ago, that about 95 per cent of diseases are caused by displaced vertebrae; the other 5 per cent, including corns and bunions, come from luxated joints other than those of the backbone."

There are several other paragraphs wherein D.D. refers to this 5 per cent, but the writer will now carry his reader back to D. D. Palmer's earlier writings and by quotation so indicate that he did make such affirmation; and also the lost chip in the woodpile, that of the LOCATION of the 5 per cent, is specifically referred to—not to be found here or there among the 300 articulations of the skeletal frame, but at a specific location.

In the "Science of Chiropractic," Vol. I, 1906, page 354, D. D. Palmer so emphasized the other 5 per cent to the extent of placing such in parenthesis. Third paragraph:

"We emphatically affirm that 95 percent of all diseases are caused by displaced vertebrae. Corns and bunions (the other 5 percent) come from luxated joints adjacent to the excrescence."

The above two quotations sum up practically all that D. D. Palmer inferred when he spoke of corns and bunions, and Willard Carver need not be ignorant of the LOCATION of the 5 per cent of luxated joints, causing nerve pressure, other than those of the backbone, for in a letter addressed to the writer he made it plain that he was in possession of all of D. D. Palmer's writings. The writer would ask Dr. Carver the simple question, "What did D. D. Palmer infer when he spoke of the other 5 per cent coming from luxated joints ADJACENT TO THE EXCRESCENCE? Can the answer be other than TOE JOINTS?"

(Fountain Head News, October, 1931, TWENTY YEARS AGO.
Published by The Palmer School of Chiropractic.)

CHAPTER 74
The Story Of
"AND WHY NOT?"



Chimpanzee: "Good morning. I am Kay Kong of the Plunkett Shows. I am looking for Dr. Clare, Chiropractor, of Alice, Texas."

Dr. Clare: "I am happy to meet you, Mr. Kong. I am Dr. Clare. May I help you, please?"



Chimpanzee: "... and in addition to all the other things wrong with me, I have a pain in my neck — right here."

Dr. Clare: "Why you poor fellow. I'm certainly glad you came to a CHIROPRACTOR. We'll fix you up right away."



Chimpanzee: "Wait a minute, Doc. What is that thing? You aren't going to give me a shot, are you?"

Dr. Clare: "Of course I'm not going to give you a shot, Kay. This is a NEUROCALOMETER and it is going to help me find what is CAUSING your trouble — so just relax."



Chimpanzee: "Okay, Doc. As long as you don't give me a shot, I'll do anything you say."

Dr. Clare: "Here is your trouble, right here. Your first vertebra is SUBLUXATED."



Chimpanzee: "Well, if I have to be ADJUSTED, go ahead — but I'm still not sure it is not going to hurt."

Dr. Clare: "This is going to make you feel a lot better, Kay, so just relax and you will feel it only a little bit."



Chimpanzee: "Hey! What happened? That made my feet fly up just like it did when Dr. B. J. Palmer adjusted me."

Dr. Clare: "Surely it did, Kay. DR. PALMER taught me how to do this. It is all over now — so just rest a while."



Chimpanzee: "Gee! Thanks a million, Dr. Clare. I feel fine. It surely is nice to have you CHIROPRACTORS around when a fellow gets sick."

Dr. Clare: "I'm happy that I could help you, Kay. You can do us CHIROPRACTORS a favor, too, if you will. Just tell everybody you meet how simple it is to get well through CHIROPRACTIC."

CHAPTER 75

The Story Of DIAGNOSIS VS. ANALYSIS

(Copyright, 1915 — Revised, 1951)

We hear much prattle about "the science of medicine." We presume that "science" is taken in its literal and scientific meaning. Science, as a word, is used to cover a multitude of sins, and it becomes a question in the mind of every student how far or how restricted he must draw scientific lines.

Every man who studies in any measure deems himself a scientist, dealing with facts of science. We have science of astronomy dealing with mathematical figures, hypothetical distances, syncretical aggregations, and this is so called science, dealing with things not a part of our earth, yet a part of our constellation. We speak of science of engineering, because we are dealing with materials.

Science is classified in application as an art; for instance, science of music, and art of playing it; science of draftsmanship, and art of building bridges. Science and art are co-related to extent that one tells what and other builds by doing. They are sisters, — one not being practical until other is utilized, nor can one be utilized without application. For every creation there must be an expression, and a form of communication logically correct between the two.

To speak of science of medicine as a thing is incorrect. In its assumption, as a science, it is either too limited or too broad. In its limited sense it has no logic, in its breadth its logic is false. In either event, it is a monument without a foundation, or there is no foundation for the structure.

Science of medicine deals, in our imaginations, with known and provable facts. Known and provable facts of science of medicine are its quantitative ideas as regards chemical properties, the uses therefor, physical properties and co-relation thereof for parts of the human body, or other material bodies, studied and classified under head of science of medicine.

Chemistry involves every common materiality, because nothing exists from electron to man but what it assumes a chemical relationship of one form or another. Physics assumes "attractiveness" between one element and another, many of which assume a definite form for an expressed purpose, a few combinations of which we know, many of which we do not. For instance, chemistry is applicable in pathology, bacteriology, etc. Physics is assumed as a part of science of medicine under head of anatomy, microscopy, histology, etc.

When term "science" is used, the public bow in reverence. The appellation sounds broad, appears large, and commands apparent respect. Not all (in fact, but little) of that labeled "science" is worthy of respect which public unthinkingly give it. Should layman investigate that which he respects because of its label—"science," he would denounce it in no uncertain terms.

When the term "art" is used, average citizen sees wonders being accomplished. He sees mysteries of universe being changed from evils they (are taught) contain to rights man thinks they should have. Art is like garbs, they are but wool over hair. The layman is a better judge of the possibilities of art than those who work with it. Little titled "art" ever measures up to standard it is said to possess or we are purposely being forced to believe it accomplishes.

We grant, in point of science, that chemistry and physics are two known and provable scientific facts in their investigation into pathology and anatomy but there is always in and behind every pathological condition, every anatomical formation or structure, a something which is yet unknown and unprovable so far as realm of narrow, restricted, medical, present-day application of science is concerned. It always appeared that there was still a known and a provable form of science which, while it did not assume phases of "chemical affinity," or mass itself to definite form as in anatomy or physics, yet in realm of that constructive, destructive, analytical as well as synthetical change always tends to prove specific reasons why, how, where, and by whom these things were accomplished. We commonly call this mental reasoning from known to unknown, *analysis and synthesis*, which leads to *philosophy* as a conclusion. Chemic of present science of medicine is to *analysis* of future science of Chiropractic. End of normal

medical science is anatomy, the end of normal Chiropractic science is philosophy, the difference being that in one the foundation is material; and in other, immaterial. One precedes product over producer; other places first the producer and shows logically why producer makes product into form, whether normal or abnormal.

Life is elusive and delusive; we have never seen it with naked eye or microscope. It is not observable in heavens or bowels of earth. Chemically it is not in any liquid, so far as separating it from all else is concerned — hence not being reduced to a material form it cannot be handled, bottled, chemicalized, bot or sold, marketed or cornered as in a trust. Not meeting even one of these essential qualities to be incorporated within commonly accepted meaning of use of term "science of medicine," let alone all, it has long ago been denied, SCIENTIFICALLY, as being either science or art. It has not been proven nor are they able to handle it. "SCIENCE of medicine" does not know life, spirit, soul, instinct, or any other title used on such attributes.

If man today knew all of known that was to be known, or could handle all of universe, he would be universal entity, an infinite so far as intelligence goes. Man being but finite, as regards things material and immaterial, it but proves by subtraction that there are many things that he does not know and cannot use. It was but a few years ago that microbes, bacteria and germs were unknown. They existed but unknowingly to Egyptians, Romans, etc. Even as today the microscope has brot them out, we have as many diseases (if not more) now than then. Even as today we are finding smaller particles of matter (the electron as compared with the atom) so will coming generation do more in thot, spirit, Innate Intelligence than generation here now or past. As practitioner thinks today he is infinite on his considerations and knowledge of matter and their "affinities" so will he learn that tomorrow he is but finite on intellectuality and its uses in life, health and happiness.

Thus we conclude that science should be material plus immaterial, one constructive thot and its antipode constructive of matter; and while one apparently precedes other, act is so simultaneous that no line of division exists. That means to say that in narrow and present-day classifications and limitations of

science of medicine we have only known and provable facts, which contain all that is material which can be dealt with under realm of chemics and physics. Anything beyond that does not come within the realm of SCIENCE of medicine. The "science" of the future will weigh most heavily, as a matter of fact — a fact quite as solid, practical, and necessary in dealing with man — the principle of constructive ideation of thot and its power, and then go hand in hand with present day science. "Science" of future will lose its individual identity. No longer will we hear of "science of medicine" as tho those terms encompassed everything needed to be complete. Science will be but one-third, as today it is regarded as but one-half. Today we have science as first half and art as its brother. Tomorrow we will add philosophy as parents of son-science and daughter-art. Who can conceive of children being born parentless? Sciences and arts (of medicine) are assumed to have been given birth much like Topsy or as Jesus. This is not reasonable, consistent, logical nor is either subject to debate, for first utterance kills both. Topsy "just grew." Jesus had an "immaculate birth" — no father. As science and art of medicine stand today, there is no philosophy. As science and art of Chiropractic stand, there is a definite philosophy behind it.

Thus rule of three is a practical application to Chiropractor, whereas physician of today has only two of theoretical rules, neither of which is thoroly and accurately based because of absence of third. Assume, if you please, that Topsy had no parents. A "science" and "art" must be constructed around that concept — what is product? Won't it be fundamentally wrong? Assume, if you will, that Jesus had a mother but no father, then construct around that hypothesis a religion centered upon not only that but other "miracles" to uphold each other. As boy tells his first lie, so must he repeat others to sustain first. As first did not contain essence of truth, neither can any that follow be switched back without reversing its first story. This is equally true of children of medicine. Neither has had parents — so began, so continues the parable.

That which is constructed, from its incipency, upon hypothesis that science is all within itself and that art is complete in execution, that neither needs anything further to fulfill or strengthen

outposts has, by that very exclusion of anything more, shown its limitations. A reason WHY (philosophy) must exist before science can have origin and certainly science could have no art without a means to an end. But "science" of medicine has no philosophy — none is needed — none is taught — hence construction is without a reason. Upon this seemingly illogical basis, medical men should have a right to think, to discover or to modify older concepts.

Where "medicine" has its inception we are not told by history. Whose mind first gave origin to parentless children we know not. Actual giving of drugs is but living up to its science. Things prescribed are but a part of great error-underneath. In and behind all this is a phantastical mystical perpetuated series of actions which have for their doing no reason. It has been repeated by one generation after another just as it is medically assumed that bodies come and go, exist and reproduce by means of reflex action — ("bounding back on themselves") — or sympathy — ("by means unknown"). Physicians of today are like clocks, they run because they're wound. They are wound up in medical colleges, enter field to run down. Longer in medical school tighter become springs; longer in field experimenting, weaker medical springs become.

We wish, in balance of this story, to discuss two phases of this colossal, universal, theoretical, but passing, wrongly conceived, generated monstrosity.

We will introduce a few definitions of "Diagnosis," follow with a few standard authors' viewpoints and finally close with Chiropractors' modifications and improvements upon old.

"DIAGNOSIS": — In general, a scientific determination or discrimination, used in botany for the determination of plants for classification, in medicine, for the *determination of disease* by their symptoms. This discrimination OF A DISEASE embraces its points of distinction from other diseases, its symptoms, their relation to one another, and to the state of the different organs and functions of the body, IN SO FAR AS THIS CAN BE APPRECIATED during life. Diagnosis is usually spoken of in contrast with prognosism which implies the judgment framed by the physician as to the issue OF THE DISEASE, and also with prophylaxis, which refers to the warding off OF DISEASE, when supposed to be impending.

(NEW WERNER EDITION ENCYCLOPAEDIA BRITANNICA: VOL. XXVL: C. FOR)

In the above, we find no mention of THE CAUSE of dis-ease. It is confined to effects, what they are, where they exist, their color, how bad they are, whether it should receive a generic title or a specific one, whether tag should be 2 x 2 of a green color or whether it should be 14 x 22 of a combination of colors. (Bear in mind these comments, for a contrast is in store for reader.)

Disease is an effect, always has been and will be. It is the condition found at a periphery. To think that dis-ease must have a cause is to go beyond narrow confines described within term "science of medicine," hence we will confine ourselves. We think we hear some of you disputing that medicine does not ascribe a cause — we will reiterate our statement, stating it in another form which will bring its districts more in line with the common acceptation. We will leave off our conclusion and show progress by which we reach it in preference.

Disease is a pathological condition — if they can find ANOTHER pathological condition which produced this, then cause of first disease has been found. Each disease must have a disease-cause, thus every disease had a precedent of its character. It will be impossible for them scientifically to concede any other cause, except germs and a few effective causative factors.

Where a material is changed, then it took another materiality to change it. If a page of a book blew over it was because some material agency came in direct contact and did the act, as your hand turned it. To find whose hand is medical sleuth's prima facie evidence. Then to chastise the hand is the punishment so it would not repeat act. But, should page turn over because of a gust of wind and all evidence proved beyond a question of doubt that no material agency touched the page, book or table upon which it rested, or came into room, or was within a mile of place where change occurred, then all would be mystery, and "sympathy" with another page was its cause. To assume that wind moved it — impossible because wind is abstract, cannot be scientized, chemicalized. They cannot find it when it is or is not blowing. Hence mystery deepens for which an action DID occur for which question, "How did it turn?" must be answered, for which an answer is given — not in truth but in theory.

Above definition brings us clearly to issue — every end of diagnosis is to determine what disease is, what relation of this disease is to another, etc. Diagnosis confines itself to thoughts possible of disease as disease. It does not include one fact, theory or idea outside of its symptoms.

"Diagnosis — 1. Med. THE ART OF RECOGNIZING THE PRESENCE OF DISEASE from its signs or symptoms, AND DECIDING AS TO ITS CHARACTER." "Diagnostics — Diagnosis as a branch of medicine." (WEBSTER'S NEW INTERNATIONAL DICTIONARY OF 1910 EDITION). "Diagnosis: The art of discrimination of disease." "Diagnostic: Pertaining to a diagnosis." "Diagnostics: The science of diagnosis." (MARCH'S THESAURUS. DICTIONARY OF THE ENGLISH LANGUAGE). "Diagnose: — TO DISCRIMINATE OR DISTINGUISH THE NATURE OF DISEASE; to ascertain FROM THE SYMPTOMS the true nature and SEAT OF A DISEASE." "To make a diagnosis of a disease.

"A scientific determination or discrimination OF DISEASE by their symptoms.

"The sign or symptom by which A DISEASE is known or distinguished from others.

"That branch of medical SCIENCE which deals with the STUDY OF THE SYMPTOMS BY WHICH DISEASES are diagnosed or discriminated, symptomatology.

"Diagnostics are of two kinds: (1) The special or pathognomonic, which are peculiar TO A CERTAIN DISEASE, and serve to distinguish it from ALL OTHER DISEASES; and (2) the adjunct, or such as are common TO MANY DISEASES.

"Diagnosticate: — To diagnose." (NEW REVISED ENCYCLOPAEDIC DICTIONARY. VOLUME 11.) "Diagnosis — The distinguishing, fixation, or interpretation OF A DISEASE from its symptoms. Differential, the qualitative distinguishing between two diseases or familiar character, by comparative symptoms. Direct, the recognition of a disease from the existence of one or more signs or symptoms, independently of or in relation with other symptoms, or with age, sex, physical and mental characteristics, residence or occupation, or with the family history. D. by Exclusion, the recognition of a disease by excluding all other known conditions. D., Physical, the application of physical methods TO THE STUDY OF DISEASE. "Diagnostics — Determining or confirming a diagnosis; serving as sufficient evidence in a diagnosis. D. Incision, an incision (as through the abdominal wall) made for diagnostic purposes. "Diagnosticate — To make a diagnosis. "Diagnostician — One skilled in making diagnoses." (ILLUSTRATED DICTIONARY OF MEDICINE * * * * * GOULD.) "DIAGNOSIS. This term is derived from dia (through) and nosis (to know), and signifies distinction in general; in medicine it is employed to designate the distinction of diseases.

"It is necessary, before giving a detailed view of the diagnostic arrangement OF DISEASES, to enter upon the general consideration of symptoms,

as the principal source on which the distinction OF DISEASES depends; and as symptomatology, or the doctrine of symptoms, cannot properly be considered, under diagnosis, we propose to treat of the symptoms and diagnosis of diseases under the term SYMPTOMATOLOGY." (CYCLOPAEDIA of Medicine. VOLUME 1.) "Diagnose. Diagnosticate; to determine, by study of the history, symptoms, etc., the nature OF A DISEASE." "Diagnosis — Discrimination. That part of medicine whose object is the recognition or determination of the nature OF DISEASES and the knowledge of the pathognomonic signs of each. Clinical — diagnosis based upon symptoms which present themselves independently of the pathological changes which cause them. Differential — study of the signs which one DISEASE can be accurately discriminated from another. D. by exclusion — diagnosis obtained by critically comparing DISEASES which have analogous points with the affection under consideration, and after reviewing and finding, some of the more important features lacking, arriving at but one possible conclusion. Pathological — diagnosis based on the character of a lesion irrespective of its location. Physical — discrimination OF DISEASES by physical signs offered by auscultation, percussion, etc. Presumptive — diagnosis which is not based on facts. Regional — topographical. Retrospective — diagnosis based on a previous affection, the true character of which can only be arrived at by studying the history of the case and effects which present themselves. Symptomatic — diagnosis based on the most salient symptoms presented by a case. Topographical — diagnosis of the situation in which a lesion is located.

"Diagnostic — Symptom which is characteristic of a disease.

"Diagnosticate — To diagnose.

"Diagnostication — The act of making a diagnosis. Diagnostician — One experienced in diagnosis. Diagnostics — Art of diagnosis."

(DUNGLISON'S MEDICAL DICTIONARY. TWENTY-THIRD EDITION).

We here cease general definition as gleaned from usual run of authentic and reliable medical dictionaries. Many average physicians claim they are unable to do justice to a term in dictionary; hence, to not make it seem that we have taken an unfair advantage of this subject we desire to further make this article as exact as possible by introducing chapters taken bodily from several of most eminent medical writers and authorities upon that subject — men who hold eminent positions with and whose works are used as text-books in colleges today.

"CASE-TAKING AND DIAGNOSIS.

"Diagnosis means more than naming a disease, and necessitates a knowledge of etiologic factors, a correct estimate of the constitutional peculiarities of the patient, the nature and extent of pathologic changes, the effect of

age, occupation, residence, heredity, past ailments, and even personal characteristics of the individual."

This author does here mention "etilogic factors," and then proceeds to mention same — "the effect of age, occupation," etc., all and none of which stand the most childish analysis. Old and young have same dis-ease. Tuberculosis comes alike to farmer or city chap, rheumatism comes to him who lives in 47th floor of a city sky-scraper or him who lives on ground, in Alaska or torrid zone. Children do and do not have what parents have. "Past ailments" could not occur with the babe and do not occur with many adults; so it goes.

"Accurate diagnosis and intelligent prognosis are prerequisite to effective treatment. From text-books and lectures the student learns the known types; at the bedside he finds that variation from the type and the personal equation must be carefully studied.

"In medicine, even more than in surgery, diagnosis demands a sufficiency of facts, truthfully recorded, intelligently sifted, and viewed without bliss or preconception. Self-deception, a narrowed mental vision which disregards new facts of later development, or a cowardly adherence to erroneous preconception, is disastrous.

"Our knowledge of clinical symptoms in a given case depends either upon (a) WHAT WE ARE TOLD or (b) WHAT WE SEE OR DETERMINE FOR OURSELVES. i. e., they are either (a) SUBJECTIVE or (b) OBJECTIVE, the latter group including bacteriologic and chemic tests as well as physical signs. FOR THE FORMER, WE DEPEND UPON THE PATIENT, and often encounter garrulity, stupidity, concealment, deceit or hypochondrical exaggeration. If the patient is comatose or possesses no common language, we have no testimony save that of outsiders, and in any event must exercise sound judgment, keen discrimination and facility in cross-examination or we cannot give to those fallible yet valuable subjective data their proper weight."

Please weigh carefully substance of above paragraph. There are but two ways of proving a diagnosis both or either of which may be wrong in detail or total. How can anything accurate be made upon that which is invariably inaccurate? For instance, different diseases are diagnosed purely by differing degrees of pain in a certain region. Can ANY patient or ANY doctor tell, subjectively or objectively, HOW MUCH pain the case may be suffering? Can "pain" be dished out like potatoes, weighed on a scale? Then upon this construction is its basis like sand; it is washed by every wave every minute, no two alike. To build a home upon such is to have it washed and its character changed by every drop that touches it.

"To make a case history full, accurate, yet concise, to elicit the salient facts, and assign to each its proper value and perspective demands that the observer be full of knowledge, quick of perception, and capable of avoiding both omission and verbosity. Certain routine inquiries are indispensable, and the student should be painstaking in the days of his apprenticeship, though later, when a skilled clinician, he can rapidly elicit the cardinal points of a case and arrive at correct conclusions with a minimum waste of words and ink.

"Certain single symptoms may name the disease, and such are turned pathognomonic, but woe to the man who is betrayed into the habit of making "snap" diagnoses. His opportunity passed when pathology came to her estate.

"The quack never hesitates to make a diagnosis, but the physician of parts, knowledge, AND HONESTY MUST OFTEN MAKE NONE OR AT BEST A PROVISIONAL ONE, AND WAIT FOR MORE LIGHT. The quack never acknowledges an error; the honest man, whatever his ability, must occasionally confess one. The more ignorant or dishonest the man, the more dogmatic and hasty are his diagnoses, for with breadth and depth of knowledge comes its highest gift, a conception of its limitations."

We are considering facts which must be unbiased truthful view of a question. That physician who wants facts "must often make none — or at best a provisional one — and wait for more light." Weigh these three views. When he has all facts it is possible to get from a patient, either objective (what the doctor sees) or subjective (what the patient tells) then he, to be honest, must do one of three things: 1st, make no diagnosis; 2nd, make it subject to changes; 3rd, wait until case develops more. Meanwhile, what about patient — he is sick, he wants medicine, he wants to get better. If a doctor was not paid until he prescribed, he would lose no time in diagnosing so he could prescribe. Sickneses are never fixed. They reach only two climaxes, death or health. Meanwhile, we "wait for more light," or we prescribe provisionally upon a "provisional" diagnosis or, if we want to be "honest" we will give no drugs because we cannot make an "honest" diagnosis. If every physician followed that advice, there'd be no diagnoses, no prescriptions because that covers every possible phase of diagnosis leading to prescription.

"Diagnosis by exclusion is a useful though round-about method of arriving in the signs or symptoms presented by a given case, one or more inconsistent with the diagnostic symptom group of all diseases save one. Modern advance has greatly reduced the value of, and necessity for, the method.

Typhoid, for example, need no longer be laboriously established by negation, but may be directly and promptly diagnosed by the Widal test and diazo-re-action.

"A therapeutic diagnosis is sometimes necessary, as, for example, in obscure syphilitic infection when mercury and the iodides may banish doubt.

"Many students and some practitioners habitually diagnose medical curiosities, failing to thresh out the variations of the prosaic and simple before assuming the long odds. On the other hand, it falls to the lot of every man to encounter rarities, and their recognition means added credit and reputation.

"The physician must work methodically, deliberately, and with open mind, but once his opinion is formed it should find emphatic expression, and every subsequent order and act be characterized by firmness and decision. If to these qualities he adds that modest self-confidence, born of fullness of knowledge and resource, his are the keys of the temple of fame. Such a man can deal with intelligent patients frankly and freely, will not be afraid to call counsel nor feel that his after conference with his consultant must be held in private, according to a custom more honored in the breach than in the observance. There are few intelligent families in which the physician cannot find a confidant with whom he can talk freely and honestly, thereby increasing his usefulness and gaining cooperation and support. Few physicians will use a visit of courtesy as means of self-aggrandizement or the humiliation of a fellow practitioner, and one who cannot deal fairly with all parties concerned is out of place in this day and generation. Doubtless, fears and arguments, however, are not for the sick-room, WHERE A CONFIDENT, CHEERY BEARING MAY MEAN MORE THAN DRUGS.

"The student should not memorize symptoms without proper consideration of their general bearing, cause, or special and peculiar relations; rather let him learn to associate with each disease that which is peculiar and specific. A multitude of disease, for example, are febrile, but fevers are much alike as regards their general symptomatology. This last he should learn thoroughly as of broad application, but stamp especially upon his memory the peculiar type of fever or define variations that any given disease presents. Furthermore, every student should try to get a clear mental photograph of any ailment he is studying, and of the pathologic changes that underlie and explain its symptoms. In his mind's eye he should see the man with typhoid, the chart, the physiognomy, attitude, rose spots, and more than that the intestinal ulcers that underlie them. Such a method makes for thoroughness and for quickness of perception and inference, and no man can take an intelligent, comprehensive and concise case history who has not mastered these principles.

"Finally, and most emphatically, it should be stated that case-taking, recording and reporting should be carried into every man's practice. Old case books well kept are mines of knowledge, and the science of medicine would be greatly enriched were the workers in city and hamlet alike to give to

its report of the usual cases now for the most part allowed to pass without record." (MEDICAL DIAGNOSIS * * * * GREENE.)

Dr. Greene has given us, in detail, what we learned in brief from concise definitions quoted from dictionaries. Here we are told more of process, there of constituency of diagnosis. Here we learn that the question is fraught with many besetting difficulties; that we must rely, in part, upon some confidant in family or among friends. All of this but shows us how dependent man is, not only upon patient but upon family, etc. Where is "science of medicine" when its possibilities for failures but enlarge? If patient is frequently in error about what he feels, where and how; if physician is frequently in doubt upon same subjects, how is family to know any better? Can they tell how he feels, where his pains are, or to what degree? Larger our scope of subject, more complex, and the more possibilities for failures arise. We have, as yet, merely scratched surface—what would it be if we were to devote our lives to this subject alone? What a happy day it would be if there were some way doctor could accurately KNOW what he was doing even tho his patient be insane or a babe yet unable to speak? What science could do IF they could find, in some absolute way, that which they think they want to find. Surely, medicine is not there, therefore it cannot have reached stage of being called "science." It is guess-work constantly modified by complications that multiply the more we see.

"THE PRINCIPLES AND METHODS OF DIAGNOSIS.

"DIAGNOSIS, in medicine, IS THE ART AND SCIENCE of observing and of discriminatingly interpreting THE PHENOMENA OF DISEASE. In its study, a knowledge of the PHENOMENA OF HEALTH is an essential prerequisite. Unless familiar with the sounds elicited upon percussion of the normal chest, one cannot decide whether or not the sound heard in a given case is indicative of abnormal urine, he cannot hope to gain from urinalysis a clue as to the nature of A CASE OF DISEASE. Unless one knows the appearance of a healthy brain, he cannot determine whether the brain seen at a necropsy is or is not the seat of morbid change. Unless one knows the function of a normal joint, he cannot affirm that a joint under investigation has had its function impaired."

Above paragraph gives us no clue of a "philosophy" of analysis. It "is the art and science." A "phenomena" is, at best, that which we do not understand or cannot explain within bounds of our

comprehension. That being so, this author could not understand "health" much less "disease" yet says that we cannot understand "disease" until we understand "health" but calls them both "phenomena." Therefore, he understands and cannot explain either. All he may say thruout his chapter upon either subject will be modified to coincide with this concept. We will bear this in mind.

"Having learned, by observation upon THE HEALTHY, to recognize when departures FROM HEALTH have taken place, one must learn by observation of the sick to appreciate the significance of such departures. No opportunity should be lost to examine post mortem the organs and tissues that have been altered BY DISEASE.

"A knowledge of the affects of drugs upon healthy and unhealthy persons and organs may likewise render easy a diagnosis.

"The PHENOMENA indicative of the existence of disease are in a general way termed symptoms. These may be either subjective — known only to the patients by the sensations; or they may be objective — capable of investigation by the sense of the observer, aided, it may be, by the instrument of precision. Thus pain, vertigo, nausea, ringing in the ears, are subjective symptoms, while high temperature, vomiting, unsteadiness of motion, loss of voice, are objective symptoms.

"Pain, vertigo, nausea, ringing in the ears" are only such as patient can be cognizant of — therefore objective to patient but subjective to physician in diagnosis. "Temperature, vomiting, unsteadiness of motion, loss of voice" are things physician can be directly aware of thru observation, therefore objective to patient as well as doctor. At any rate, all conditions are objective to patient, should his advice be asked. But suppose patient be insane, an idiot, unconscious, or a babe, only objective symptoms can be used for diagnosis; value of subjective symptoms is lost. Diagnosis certainly cannot be complete. If they are necessary at one time, surely not unnecessary at any other. When our methods can be so resolved that we can determine what is necessary to be done without need of any subjective or objective symptoms and rely on more exact methods, then, and not until, can we say we have reached a "science."

"The objective manifestations OF DISEASE may be further divided into symptoms (in a restricted sense) and signs. While the two are not rigidly separable, symptoms may be defined as manifestations of disordered func-

tion, signs as manifestations of altered structure. 'Disordered functions' would be such as the patient could tell he feels. 'Altered structure would be pathological and such as could be seen.' Thus cough is a symptom of laryngeal congestion discovered by inspection with the mirror; the bronchial rales heard upon auscultation, are signs. Difficulty in deglutition is a symptom; a pulsating tumor in the chest, indicative of aneurism pressing upon the diaphragm and restricting its movements, is a sign.

"Thus, signs are in many cases directly explanatory of symptoms, and their discovery is one step further in the diagnosis. It must not be forgotten, however, that signs are not always to be found, a sign may not account in toto for the symptoms with which it is associated; and that even when sufficient to explain the symptom, the sign itself remains to be explained before the diagnosis is complete. Like all other morbid PHENOMENA, signs must, therefore, be considered in relation with all the evidence presented in a given case.

"Certain signs that are not at once manifest, but that require for their study special means of exploration, are termed physical signs. In its restricted sense, the term 'physical signs' is applied to the PHENOMENA elicited by special methods (inspection, mensuration, palpation, percussion, and auscultation), are used chiefly in examination of the chest and abdomen, though often applied elsewhere; while the signs elicited by examination of the blood, the urine, the sputum, the feces, or by laryngoscopy, ophthalmoscopy, cystoscopy and the like, are not given other qualifying designation than the special names describing the respective processes. They might appropriately be termed instrumental signs and signs of research.

"PHENOMENA corresponding WITH LOGICAL DEDUCTIONS as to the direct results of deranged function, including subjective and objective symptoms and signs, are called RATIONAL SIGNS, in contra-distinction from physical signs, which denote the mechanical condition of the structure examined. Thus, in a case of valvular disease of the heart, weakness, vertigo, shortness of breath, pallor and dropsy would be termed rational signs, while the area of cardiac percussion—dullness and the character of the sounds heard upon auscultation would be termed physical signs."

If certain symptoms are subjected to "logical deductions," and because of that fact are called "rational signs" then it would stand to reason that all other symptoms that did not come under this classification or division, even tho arbitrarily made, would be ILLOGICAL deductions and therefore IRRATIONAL signs. Peculiar how we trip ourselves over things that seem reasonable until layman uses common-sense.

"Symptoms may also be divided into general or constitutional symptoms and local symptoms. General symptoms are these, like fever, depression,

delirium, that may result from unbalancing of the organism as a whole, and are common to affections of many kinds; while local symptoms are those, like swelling or discoloration of a part and circumscribed pain or tenderness, that are confined to a certain locality and result from localized morbid conditions usually that of the organ or tissue diseases.

"Symptoms caused by local disease not at the seat of manifestation and that are not dependent upon mere mechanical influences or upon interference with related function, but that arise indirectly, as a result of nervous irritation, are termed reflex symptoms.. Thus, the difficulty of breathing occasioned by the pressure of a mediastinal tumor upon the trachea is a local symptom, due to a mere mechanical influence; dyspnea from deranged action of the heart is a symptom dependent upon interference with related function; while asthmatoïd condition dependent upon disease of the nose is a reflex symptom. IT MUST NOT BE FORGOTTEN, HOWEVER, THAT THE SAME SYMPTOM MAY AT ONE TIME BE LOCAL; AT ANOTHER TIME, PART OF A GENERAL PROCESS; AT ANOTHER TIME, REFLEX. Thus, vomiting may indicate local disease of the stomach; or it may be part of the general disturbance caused by certain febrile diseases; or it may reflexly indicate disease in the abdomen or in the brain."

Patient gives an objective symptom (to him), subjective symptom (to the physician); then our troubles begin. Suppose three patients give same symptom. From one it may be purely "local"; from second, same symptom in same place is purely because of a disease all over his body; from third, it is because of a disease in some distant part and "reflexed." How are we to know? Patient certainly can't tell. We can't see a pain. Mystery grows deeper, chapter by chapter. Height we must climb to learn how to guess, is stupendous.

"Having, by a careful observation and interrogation, ascertained the present condition of the patient and having, by inquiry, learned his family history (in order to judge of the probable influence of hereditary disease, diathesis or liability) and his previous history (anamnesis) of health or disease (including a knowledge of his mode of life and of his surroundings, as well as the mode of invasion of the disease under investigation and its course up to the moment of examination), IT BECOMES NECESSARY TO INTERPRET THE INFORMATION THUS GAINED—in other words, to make a diagnosis."

After you have gleaned everything from everybody and every source possible, then you go into silent communion with the "wee sma' voice" and talk it all over with yourself. You eliminate what YOU think of no value, weigh what YOU think necessary, come to a conclusion. Then that's what the patient has—a diagnosis.

"In making a diagnosis one has to consider not only the bearing of the signs and symptoms individually and collectively, but also their relations with the PHENOMENA of health and with each other. Further, one has to consider (and this is what may, to some extent, be learned from reading) THE HISTORICAL EXPERIENCE of the medical profession AS TO THE SIGNIFICANCE OF CERTAIN SYMPTOMS AND GROUPS OF SYMPTOMS, and as to the relation of certain symptoms and groups of symptoms with lesions observed post mortem."

Here sits a patient; he is sick; sickness exists within him, not in another that may be related or not. This sickness is individualized to this person. Now we learn that we must do more than to get all we can from this patient, but also learn all we can from "the historical experience — as to the significance of certain symptoms and groups of symptoms" from others who have gone before. We wonder how far back is necessary to understand THIS case? Is one generation enuf, or must it be continued as far as records permit? Notwithstanding complexities of A case, we must muddle it with complicated muddles of multitudes of other cases that history may drag before us. If "history but repeats itself" and if history of past has made a failure of these "phenomenon" of health and disease, why dig up skeletons of our buried mistakes and use those to increase the inefficiency of the present?

"A diagnosis may thus be made (1) by the inductive method, reasoning, upon anatomical (structural) and physiological (functional) data, from the character of the disturbance to the organ affected and the nature of the affection; (2) BY THE HISTORICAL OR EMPIRICAL METHOD, relating upon the recorded experience of other observers and upon one's own experience that certain symptoms manifested under certain circumstances indicate the existence of a definite malady; or (3) by the method of pathological association which is based upon the fact that when certain symptoms have been observed during life, definite lesions have been discovered after death. By analogy, the lessons of pathological association may be applied in affections not necessarily of a fatal character. It is obvious, therefore, that a knowledge of the various gross and minute morbid changes occurring in the body generally or in a special organ, tissues or cells and of the circumstances under which special changes are likely to occur is essential for precision in diagnosis. The most satisfactory results are to be obtained when all of the methods indicated can be concurrently availed of."

We are shown three methods: inductive, empirical, deductive. He advises that best results are attained when all are used. Sec-

ond is purely arbitrary. How can facts, as they exist, be arbitrarily changed to suit fancy of the physician?

"Diagnosis may further be direct, differential or by exclusion. Diagnosis is said to be direct when one or more of the signs are symptoms, independent of or in relation with other symptoms or with the age, sex, physical and mental characteristics, residence or occupation of the patient, or with his family history, enable direct affirmation to be made of the nature of the malady. Thus, a paroxysm of chill fever and sweating, in association with the presence in the blood of characteristic parasites, permits a direct diagnosis of malarial fever to be made.

"Diagnosis is said to be discriminative or differential when the signs or symptoms are suggestive of more THAN ONE DISEASE and a decision is reached by comparison and contrast. It is necessary to compare the ideal pictures of VARIOUS DISEASES in turn with the actual picture presents, in order to establish the resemblance or unlikeness; finally affirming the nature of the case with more or less certainty, according to the completeness and definiteness of the observations made AND THE DEGREE OF KNOWLEDGE ON THE PART OF THE CLINICIAN as to the conditions present in the respective affections under review. Diagnosis is unusually differential, and as one is often compelled to balance probabilities, with incomplete evidence before him, differential diagnosis calls for the greatest knowledge and skill. Numerous examples of differential diagnosis will be found throughout this book. Reference may here be made to malarial fever, in case hematozoa are not demonstrable, and the fever of hepatic suppuration or of pulmonary tuberculosis. Careful observation of the temperature-course and painstaking physical examination may be required to establish the points of difference."

Suppose "the clinician" did not have a complete "degree of knowledge" of case, then his diagnosis could not be correct according to case as it actually existed. That being true his prescription would not be exactly what case should need providing medicine was proper thing under those circumstances. Suppose "the degree of knowledge on the part of the clinician" was but half of all that exists — perhaps patient cannot describe or pathology does not show, subjective symptoms are not known, objective ones not observable — then what about the diagnosis — it is but half named, one-half titled. No one is to blame — system is not complete, not accurate. Only contention we are raising at this time is that "diagnosing" is and should not be titled a "science," for there is nothing scientific in any of its stages. First question asked by physician and first answer given by patient

do not give to either a completeness of what exists. Patient cannot tell what he feels, patient cannot understand what patient tries to tell—complexities become muddled at outset upon which all depends that passes between physician and his patient. Being no “science” there could not exist an “art” any more accurate, hence “medicine” as an “art” or “science” falls far short of even semblance of a garbled mass of verbiage and concerted mental and physical action.

“In diagnosis by exclusion one is unable to affirm the nature of the affection directly; and even after comparison of the evident PHENOMENA with the PHENOMENA of the respective diseases suggested, the points of resemblance are not sufficiently great in number or in character to warrant an affirmative conclusion in any one instance. It then becomes necessary to prove a negative; to do which, reliance must be placed entirely upon points of unlikeness. One endeavors to recall in the ideal picture of a certain malady some symptom or association of symptoms so necessary that its absence from the actual case may warrant a decided negative; or, on the other hand, to discover in the case before him some symptoms or association of symptoms so incompatible with the ideal picture of the malady under consideration as likewise to warrant a negative conclusion. Thus, from the absence of what ought to be present and from the presence of what ought to be absent, one from another of the conditions discussed is set aside, until finally one remains that cannot be excluded; and there is reached a more or less probable diagnosis.

“Diagnosis by exclusion is the least satisfactory, as one can never be sure that he has passed in review and has excluded all for the conditions that ought to be excluded. Nevertheless, it sometimes affords most brilliant results. Thus, paralysis of the left vocal band, associated with recurring cough and occasional dyspnoea and dysphagia, every other suggested cause for which has been excluded, has to lead to a correct diagnosis of aneurism of the arch of the aorta, not discoverable by the most careful physical exploration.

“As a rule, that diagnosis that best and most readily accounts for all of the symptoms is the most likely to be correct. When any symptom is unaccounted for, the diagnosis is at least incomplete, if not doubtful. Diagnosis of a common disease, other things being equal, is not likely to be correct as that diagnosis of a rare disease. On the other hand, statistics have no bearing upon the individual case; the rare disease may be present and be overlooked from want of knowledge or in consequence of superficial examination.”

Last two paragraphs lead us to believe that even they have many pitfalls and the more we read of subject, as they write it.

the more of these covered over bear-pits we find. Last paragraph above puts us more in doubt as to thoro work being satisfactory, as to shoddy work being complete — as to any method being correct, we are in dark. Fundamental intent of thinking that if we could postively find symptoms or pathology involved and that such information would lead us straight to ultimate goal of health, is wrong, inconsistent and illogical. Arrow is not only wrongly composed but its direction is headed wrong.

“More than one disease may be present in the same patient at the same time, but certain diseases are held to be antagonistic and thus not likely to coexist: Data bearing on this point are defective and are UNDERGOING REVISION AND CORRECTION. NOT A FEW CASES HAVE BEEN RECORDED CONTRADICTORY OF SOME OF THE TEACHINGS OF THE PAST. Hence, in this work, little stress has been laid upon these antagonisms. On the other hand, there are many lesions and morbid processes that are frequently found associated. Such associations are specifically mentioned wherever it seemed likely that a knowledge of their existence would be of service.”

We have considered many complications. Now arises another, that any one person may have several diseases which may fight each the other or are friendly to each. Whether one does scrap with other or not is mooted; it is “undergoing revision,” etc. What a mass of hypotheses any one diagnostician must carry to discern all these, let alone names of some several thousands of diseases. Surely, we think we begin to see reason for failure of medicine.

“One disease sometimes strongly predisposes to another. A knowledge of facts of this nature is often of assistance in diagnosis, as well as in preventive treatment.

“A knowledge OF THE COMPLICATIONS and sequelae that ordinarily or exceptionally attend or follow certain diseases, independently of its bearing upon therapeutics, is an important equipment for the diagnostician. This can be acquired only by EXTENSIVE READINGS or by PROLONGED EXPERIENCE. In anticipation of the latter source of information the former must be sedulously cultivated. IN DEFAULT OF SUCH KNOWLEDGE, the mistake may be made of diagnosing a single well-marked condition, as, for instance, pleuritis, as the whole of the disease; when, in reality, the condition may be but a comparatively unimportant complication in the course of typhoid fever or an hepatic abscess. Similarly, a sequela to some acute disease, remote in time or obscure in symptoms, may be diagnosti-

cated, prognosticated and treated as an independent affection, OFTEN to the grave detriment of the patient. Thus a temporary loss of knee-jerk following unrecognized diphtheria has led to an incorrect diagnosis of locomotor ataxia. Sometimes the initial PHENOMENA of disease escape observation, a chancre may be concealed especially in the female, or scarlatina may occur without eruption or appreciable fever, (thermometry not being restored to), and when the latter PHENOMENA (such as syphilitic fever or scarlatinal drops) develop, the case may be misinterpreted, unless this possibility of masked beginnings be borne in mind."

Suppose we consider an M.D. just from college, no "prolonged experience," no "extensive readings,"—"in default of such knowledge"—of course, mistakes will be made providing that such IS necessary to keep from making them. It would be injudicious to call such a man to any case for who knows which case might contain some such elements; and, if no such early graduate was called, then none would ever possess that "prolonged experience" and he would have to pursue the path of "extensive readings" and gain experience in that way. No wonder people are experimented with by novice, diagnosed this, that, and then opinion changed when proven wrong. Humanity is substance upon which these facts are deduced—each new physician for himself. Older the physician (in practice) the safer to call, for he knows least about things he knows he knows nothing about.

"The so-called negative signs of disease should not be under-rated. The absence of headache may assist in the exclusion of brain-tumor; the absence of albumin and casts from the urine, after sufficiently careful and extended observation, may be of great importance in discrimination among the causes of a train of symptoms, including vertigo, optic neuritis, vomiting and paroxysmal dyspnoea; the absence of rose-rash and of splenic enlargement may determine the diagnosis between enteric influenza and typhoid fever. In recording cases it is necessary to note negative joints in order to show that the injury or search has been made.

"No less important is a knowledge of the morbid PHENOMENA that may be CAUSED BY CERTAIN DRUGS—not merely by the narcotic agents, opium, belladonna, and the like, but by such POISONS as mercury, arsenic and lead, WHICH MAY PRODUCE SYMPTOMS CLOSELY RESEMBLING ACUTE AND CHRONIC DISEASES OF COMMON OCCURRENCE OR MAY GIVE RISE TO NERVOUS AND OTHER PHENOMENA PUZZLING IN THE EXTREME. Similarly, common or unusual drug effects, perhaps due to idiosyncrasy, occurring in the course of treatment MAY MASK THE SYMPTOMS OF DISEASE, OR GIVE RISE TO ADDITIONAL PHENOM-

ENA, that, unless caution be exercised, may LEAD TO ERROR IN DIAGNOSIS."

And, once more, we recite another possibility. Not being satisfied with ancestors, etc., we now find that a physician may complicate his own case by giving drugs for symptoms, action of which he does not know, cannot know until they are tried. Let us analyze this paragraph. First, drugs will give rise to symptoms resembling diseases even if given to a healthy person. That makes it hard to correctly diagnose. Second, our patient is sick, we have prescribed certain drugs. This gives rise to certain other symptoms which did not before exist, hence changes symptoms, gives rise to something we did not expect, and we are non-plussed at not only lack of results but enlargement of case's troubles. Our symptoms have multiplied by physician's own acts. Where do we cease, where is end, is there no limit to which our mind can say we have reached "science?"

"The data for diagnosis are obtained by observation and inquiry. Inquiry may often have to be made of those about the patient, the latter being UNABLE OR INCOMPETENT to answer; and not rarely the same questions will have to be repeated in various ways and be controlled by questions requiring opposite answers, in order that the clinician be not deceived, intentionally or otherwise.

"Observation can be made while the questioning is proceeding; sometimes the manner, method and form of a patient's answers to questions are in themselves part of the data acquired by observation. For example, in cases of aphasia, the patient is unable to find words in which to express himself though he may understand the questions put and may even believe that in his monotonous repetition of certain words and phrases he has given an intelligent answer." (ESSENTIALS OF MEDICAL DIAGNOSIS OF MENTAL DISORDERS.) "To decide the question whether a man be insane or not, it will in a great number of cases, BE ONLY NECESSARY FOR THIS PURPOSE TO GIVE HIM THE TREATMENT NECESSARY TO CURE AN INSANE PERSON, or at least to place him under suitable care; in other cases THIS QUESTION WILL HAVE TO BE DECIDED ON GROUNDS NOT DIRECTLY CONNECTED WITH THE THERAPEUTIC OBJECT. The task will then be to examine whether a person is, in consequence of mental derangement, incapable of disposing freely of his person, his actions, and his fortune, whether he is responsible for a criminal action; whether he is capable of taking proper care of his rights in a law-suit; whether he deserves credit as a witness, or whether it is right he should undergo the punishment to which he is condemned. But even where the

object is a merely therapeutic one, the decision of the question, whether or not a man is insane, is of much greater importance than medical advice in any other disease, in consequence of the resulting necessity of depriving the patients of their personal liberty by sending them into an asylum."

We now approach a line of cases where we leave physiological and pathological observation. We step into plain of that which any person can answer for another. Any person can say whether another can or cannot undress himself, whether he willfully committed murder or was wild at the time, whether his actions are coherent or not. Even jurors, composed of common laymen, are called upon, sworn and do legally pass upon such questions. It is for laymen to say whether, in their opinion, what physician witness said was right or wrong, whether diagnosis was correct or not. In last analysis, jurors pass upon all these points, in a few minutes, that physicians have quibbled over for years and years and even spent years excavating ruins of nations long dead. Galling part is that what laymen say is final — what physician says is questionable and to be disputed by a jury of their peers. Here is one instance where common-sense is applied to "science of medicine."

"In other respects also the diagnosis of mental derangement is different from that of other diseases. In the latter case, patients ask for the medical man; and do everything to facilitate the right diagnosis of the disease. But the insane patient is in a great number of cases exceedingly reserved towards the medical man; simulates, or is in consequence of his mental derangement, incapable of giving exact information. The diagnosis is as important as in many cases IT IS DIFFICULT.

"If the patient is able and willing to give information about himself, the examination of an insane person has to be carried out on the same principles as that of other patients. One may first ask the name, age, profession, etc., then one may proceed to the history of the case, then examine the mental state, and finish with the examination of the bodily condition; in the latter, the examination of the peripheral nervous system is of great importance."

We have not many complications and in one of our comments we have suggested what could be done with insane. Where he refused to give symptoms, then in many cases nothing could be gleaned. There are many diseases that are never detected and could not be without assistance of patient. In such cases all their diseases would pass by unnoticed, unknown. For such cases we presume that prescriptions would be given "on general princi-

ples" — "hit or miss, I give you this" and thus does "science" proceed merrily along its way. Mere fact that there are hundreds of theories for insanity, each a theory for a separate disease, would but complicate location of pathological lobe or gyri affected. Diagnosis of each form of insanity would put any sane man insane.

"HISTORY OF THE CASE.—The following points must be well considered:

"(1) The HEREDITARY PREDISPOSITION.—We must confine our inquiries to the occurrence of mental derangements in the direct ascending line of ancestors' direct inheritance, but inquire ABOUT THE WHOLE CONSANGUINITY (COLLATERAL INHERITANCE.) We must inquire if there are among the relatives nervous diseases, which generally are not reckoned among the mental disorders; if epilepsy, hypochondriasis or hysteria have occurred, or if there have been cases of suicide in the family; also if other factors, which according to our experience lead to degeneration, as consanguinity of the parents, alcoholism, morphinism, etc., have been or are present in the family.

"(2) DISEASES OF THE NERVOUS SYSTEM FORMERLY PRESENT.—It must be especially inquired if hysterical, epileptic or epileptoid fits have occurred in the previous life; also if meningitis, apoplectic fits or other organic diseases of the brain and spinal cord have occurred.

"(3) INJURIES TO THE HEAD.—If there have been any, they must be carefully taken into consideration with regard to origin, course and local effects.

"(4) FOR INFORMATION RESPECTING PREVIOUS INTOXICATIONS — especially by alcohol, MORPHIA, COCAINE AND NICOTINE — the help of the relatives will frequently be required, even if the patient is able to give satisfactory information about other matters. Sometime the profession of the patient — innkeeper, commercial traveler for a wine or cigar merchant — will give a clue.

"(5) A PREVIOUS ATTACK OF MENTAL DERANGEMENT, or detention in an asylum has to be carefully considered in the history of the case.

"(6) At last the question will have to be raised whether the CHARACTER of the patient HAS CHANGED, and, if so, whether external influences, events in his life, etc., have brought about this. This change of character may be shown by a complete reverse of the former self, or by exaggeration of certain peculiarities. A man formerly moderate becomes, through incipient mental derangement, inclined to all sorts of extravagance; a saving man becomes a spendthrift; a man formerly indifferent to all religious things occupies himself constantly with the Bible, and Hymn-book, goes to church, etc. Anxious care with regard to his own bodily state becomes exaggerated

to an incessant fright lest something might have or has happened to him; a man formerly trustful looks everything most carefully up and openly expresses his fear that he may be robbed of something; a man formerly reserved in his character becomes quite a recluse, etc."

Not content with our Washington's Monument complications we are destined to build them up to height of the Eiffel Tower and mayhap reach a willing hand up to skies, thinking to reach Mars. To what we already possess, to find what disease our patient has, we will add six more with all of those ramifications. They are as follows: — 1. We must question close relatives whether they have been insane. If they answer "no" that may prove they have; should they answer "yes" then we are positive. No insane person ever knows he's insane. Of necessity, consider the 1st, 2nd and 3rd cousins on both sides of the house, inquire carefully of their children and better not overlook the grandchildren while you're about it—"but inquire about THE WHOLE consanguinity," therefore we have not misstated the facts. 2. Not finding any traces of insanity in any of these, start all over again and see if you can't find some one who has had "Diseases of the Nervous System." Finding nothing, reiterate your steps (3) and inquire whether any were ever hit on the head with a rock back in the stone age or fell off of the cliff in their cliff dwelling time. 4. Still, not finding what you desire inquire of every male (and especially the female, for she gives birth to the offspring), "for information respecting previous intoxications." Remember we are now running down clues for "the hereditary predisposition." We are not told how many times they must have been intoxicated but we assume that once is sufficient. Still finding no clue as to where this patient got this disease, see (5) whether any of your ancients have ever had "a previous attack of mental derangement." Not finding this we must continue our search. This author gives us but one more hope — perhaps "the character of the patient has changed." At last the villain was caught red-handed in midst of his dirty deed. We have almost, but not quite, reached pinnacle of our Tower in human ability to remember limitations of possibilities of necessities to be able to pin proper color and size of a tag on miscreant that brot this disease to our dear beloved patient now awaiting result of our inquiries into his past.

"Although it is important to find the symptoms mentioned here, we must not on the one hand forget that they all may be on the other hand. A mental derangement is undoubtedly present, and on the other hand a few or all of them may be present without there being any mental derangement. Therefore, they are only of value as aids in diagnosis."

After we have done all of what we have stated above, we are now told that it was all for naught, altho it was a good pastime, a good mental recreation to take you away from the hard laborious intrigues of suffering humanity. We quite understand that "it is important to find the symptoms mentioned here," but we must not further forget that "they may all be absent" even tho our patient is insane. We might spend some six hours chasing down his blue-book and find no traces of anything of what we have been searching for notwithstanding that "mental derangement is undoubtedly present." After our exhaustless search is completed we are notified that they told us to do that "for fun"; for you may find the relatives had any one of the inherited diseases and our present patient has no "mental derangement." What is the reason then? "Therefore, they are only of value as aids in diagnosis," said he, with an offhand fling of the head.

"It is necessary for the diagnosis of mental derangement to prove that one mental function or several or even all—have undergone a morbid change. We shall therefore examine—(I) Subjective sensorial perception (hallucinations and illusions); (II) The intellect; (III) The emotions; (IV) The power of reproducing ideas (recollectional); (V) Consciousness; and (VI) The actions which result from all the foregoing mental states.

"I. Hallucinations and Illusions indicate changes in the central sensorial perception of the insane, which very frequently occur. We must examine whether the hallucinations or illusions, respectively, occur in the sense of the hearing, vision, smell or taste, in the sensation of the skin and the viscera, and in the musculature sense, and not confine ourselves to finding them in one or other of the senses. The greater the experience of the examining physician the easier it will be for him to find out the hallucinations, with regard to which many patients are very reserved. MUCH DEPENDS ON CLEVER QUESTIONING."

To the above six inherited phases we now add six sense additions. We can readily appreciate that "Much depends on clever questioning," for by this time if we did not question cleverly we would deceive ourselves into thinking we knew something and making patient think same—if we but knew facts he would

have less respect for physicians than they have for themselves. If patient will but let his mind wander into wildest vagaries that Hans Christian Anderson, Aesop, George Ade, Jules Verne and other writers have ever produced, and multiply them by one hundred, then he can begin to grasp about one per cent of what physician gropes thru to try and tell him what he has. Patient might as well close his eyes; the first picture of any word that comes is what he could name it, and would then be more accurate than what it is now diagnosed to be by physicians.

"The existence of hallucinations in the person examined does not prove the mental derangement of that person. Hallucinations occur also in sane persons, in hysterical, hypochondriacal and epileptic persons, and in states of intoxication, no mental derangement, in the strict sense of the word, being present. But in all these cases the person recognizes that he is subject to an hallucination. With regard specially to the hallucinations of sane persons they occur only at long intervals or only once in the whole life and mostly in the visual sense. The same is the case with hysterical and also hypochondriacal persons. So far as they are not insane, they recognize the abnormality of that state. In epileptic persons the hallucination sometimes ushers in the epileptic attack (especially visual and auditory hallucinations) and appears therefore as part of it; in others the hallucination may take the place of the epileptic attack (epileptoid hallucination.) In the hallucinations of temporary intoxication, the poisoned person wealthy recognizes the abnormality of his state; he stands above the hallucinations and assumes the position of an observer recognizing them to be deception. If such a state of intoxication lasts a long time and if the patient changes his standpoint towards these hallucinations, believing them to be realities, he must be considered insane. That a person recognizes hallucinations to be a morbid state is, however, proof that the person is really sane. It often occurs in severe cases of insanity that patients recognize temporarily their hallucinations as an abnormal state, or they sometimes say so after they have been told, in order to appear sane. On the other hand, the insane give an exact account of their hallucinations and call them abnormal; but on further questioning they say that this disease has been made; that they had been poisoned or hypnotized and that was the cause of the hallucinations (hypochondrian paranoias, cocaineism, etc.) But also the fact that certain persons do not consider their hallucinations to be deception but truth does not prove that these persons are insane, even if they stick to their idea in spite of all correction. Ignorance of the physical laws, wants of education, but most of all superstition, especially of a religious nature, may cause hallucinations to be taken as realities. Much more difficult than the estimation of the diagnostic value of the hallucinations, of which the patient informs the physician, is it to recognize simulation, if the patient keeps his hallucinations secret."

We must now take recent mass of diagnostic features, throw them into a basket, shake well, separate them into two piles. If you recognize each object — you are not insane; if you do not, you are. If you know you have hallucinations, you are not insane; if you have hallucinations and don't know it, that's a diagnostic symptom that you're insane — but in either case 'tis well to have physician pass upon them for you may still be insane in either and but think (insanely, of course) that you do or do not know.

"For the diagnosis of these the following points are of importance:

"CERTAIN PECULIARITIES IN the BEHAVIOR of the patient; he will suddenly look to the ceiling or into a corner of the room; he will prick up his ears or incline his ear to one side; he will suddenly stop his speech and it seems as if the patient at the moment busies himself with something else; at the same time he will murmur in a low voice or even make a loud exclamation. The behavior of the patient will have to be carefully examined when some food is offered to him, whether he will take it at all.

"(2) CERTAIN PECULIARITIES with regard TO THE BODY of the patient or with regard to his room — e. g., he may wrap up his head, especially his ears, with a thick shawl, and stuff his ears with cotton-wool, to keep away auditory hallucinations; he may stop the keyhole of his door with paper to prevent the harmful entering of "vapours," etc.

"(3) The patient speaks about all sorts of things and persons far remote from or about when he pretends to have received news. This or that he says to have happened; this or that person he relates to have said so and so. Questioned how he knows this he will reply evasively, 'I think so; it is true I have not heard or read anything about it.' His uncertainty and embarrassment will show that he does not tell the truth.

"(4) In some cases one has to convict the patient of concealing his hallucinations, by keeping him secretly under observation whilst alone in the room. The hallucinations can be recognized by his gesticulations and his talking, which sometimes takes the form of a dialogue. Some patients reveal their hallucinations without reserve in papers addressed to certain persons, whilst keeping them most carefully secret in ordinary conversation. In most cases, however, the physician, having from the symptoms mentioned above an indication of existence of hallucinations, will, through openly telling the patient the facts, succeed in overcoming his reserve.

"It follows from all this that although the existence of insanity is not proved by the present or former existence of hallucinations, nevertheless their presence in several of the senses in a person not in a feverish state, together with his firm belief in the objective reality of the hallucinations, is sufficient to prove that such person is insane."

Life, as a physician, seems to be like a moving picture show. Film after film passes before us, each picture with a different form of advice as to what to watch for, what to inspect, how to snook into life's corners, where to find the specks of dust, and what significance to put on every speck especially when its color, shape or size varies. Now that hallucination film has passed in review, we see next peculiarity pictures. Every peculiarity may prove that you are carrying a hallucination or insanity. Please add this series to your list. By the time we are thru being told what to do to diagnose an average case that comes to us, it will pay to either geographically, typographically or alphabetically list same for handy, quick and ready reference, for certainly no mind can carry all this, let alone carrying what he will get after he has found out how.

"II. The Intellect can be morbidly affected in three ways.

"(a) **ABNORMAL ACCELERATION OF IDEAS.** The patient shows this through incessant talking, allowing nobody else to speak, and in a still greater measure in not finishing a sentence just begun, but commencing another one, speaking at random of this and that, and joining the ideas together, not after any logical principle, but after the sound of the words (hallucination). To recognize such patients, where there is acceleration of ideas, as insane, is not difficult, even laymen calling them mad. It is much more difficult when acceleration keeps itself within moderate limits, and where the patient through the courageous association of his ideas can even make the impression of possessing great spirit and witticism (hypomania). In this case often a long observation of the patients' behavior and actions will alone lead to a correct diagnosis of the disease.

"(b) **IMPERFECT DEVELOPMENT OF THE INTELLECT** (imbecility, complete idiocy, and when associated with certain changes of the osseous system, cretinism), as well as morbid diminution thereof are in those well marked stages easily recognizable, where every capacity of judgment is absent, and that patient is not able to work even the simplest sums, so that the question of simulation only arises. It becomes most difficult to say whether or not a person is insane, if the mental weakness is not so very great, and if the patient is able to conceal the weakness of his own judgment by reproducing the judgments of others which he has heard. In that case the diagnosis can only be made by taking into consideration the whole education of the person, by facts of the history of the case, (former attacks of insanity, as a residue of which must be regarded the mental weakness), by the actions of the patient, and by abnormal conditions of the nervous system tending to prove insanity. With the help of all of these facts the physician will be able to distinguish a person with little brain power from

a mentally deranged one, especially with regard to education. A certain amount of artfulness in trying to obtain personal advantages is no proof against mental weakness.

"(c) HALLUCINATIONS. That a perception is a hallucination can of course be recognized at once from its subject-matter. If a man pretended to be God or Jesus Christ, to be 1000 years old, to have killed 10,000 men, to have a head of glass, etc., no further proof is wanted that the individual is suffering from delusion and is insane."

We reach dizzy heights by climbing pairs of stairs. Only difference between one flight and another is their different location. Same seems also true of the diagnostic features that we meet as we come face to face with one flight of diagnostic steps after another. To those we already possess we will now add "(a)" — "(b)" — "(c)", etc. We must necessarily carry a book to know where our references are. A dictionary gives us definitions but we must have a book almost as large to enumerate its alphabet. Diagnosis is a mighty great study, but we must have a reference work to reference to find what we search for.

"The subject-matter, however, of a delusion may be perfectly like the error of a sane person. A number of patients believe themselves to be possessed by the devil; but sane people also believe in the existence of the devil, and believe themselves to be bewitched, etc. In the former class, however, this belief has been formed mostly contrary to former ties, through abnormal sensations, through hallucinations, through an abnormal condition of their senses, in consequence of which they accuse themselves of all sorts of wicked actions. The patients have that idea only with regard to their own person, and besides that illusion, they also show other signs of mental alienation, nothing whatever is able to persuade them of the incorrectness of their ideas, and their belief governs all their doings. Sane people, however, have brought the belief in a devil out of school and the teaching of the clergyman, perceive the existence of the devil not only in themselves, but also in other persons, if told differently they sometimes are persuaded of their error. (Prejudices and errors planted for a long time and with energy into the youthful mind will, later on in life, be removed with great difficulty, and with regard thereto are very much like the delusions; the difference however, lies mainly in the origin of those views. The sane person will go as usual after his business, and the error will not influence his actions whilst in the insane person the delusion decidedly influences his doings, and makes him unfit to look after his affairs.

"An idea may also be correct and objectively true and nevertheless be a delusion. One of our patients (a case of hallucinatory paranoia from the lower, not educated classes) maintained that he had a "tapeworm" in his

head. There were no symptoms of *cysticercus cerebri*. The postmortem examination, however, showed a number of *cysticercus* vesicles in the fourth ventricle; there was no other change beside this. This patient had not, like a physician, formed his diagnosis in consequence of the occurrence of certain symptoms, but by interpreting certain illusions. Some of these occurring in the intestines made him believe in the existence of a tapeworm, when he then transferred to the head.

"The morbid nature of the so-called fixed ideas can be proven not only by their origin, but by the fact that, although not qualitatively impossible or unjustified, they show through their quality (i. e., through their overpowering influence in the mental life of the patient) the impossibility of correction or limitation through other ideas. It is on the one hand relatively rare that errors are taken from illusions, but on the other hand it is more frequent that illusions are taken for excusable errors of a sane person or even for well-founded truth. The want of knowledge of mental science among physicians, the limitation of the examination to a few phrases or to one conversation, allow MISTAKES TO HAPPEN EVERY DAY WHICH ARE OF THE GREATEST IMPORTANCES from a forensic point of view. An exact knowledge of the history of the case, a most careful examination of the whole patient, as well as sufficient knowledge of mental science are necessary to guard against these mistakes. The relatives of the patient are in many cases easily inclined to seek for those illusions a certain foundation, and for them a small grain of truth is sufficient to interpret everything as a slight error or as not improbable.

"We have here to draw attention to certain hypochondriacal illusions, through which specialists are often led to make a wrong diagnosis. A number of those patients who complain of manifold maladies of the sexual apparatus, and who have been treated by a specialist for some slight local disease (slight vaginal catarrh, slight misplacement of the uterus, etc.) for months and years, belong to the class of those who suffer from melancholia or hypochondriacal paranoia; their disease is mostly of a hypochondriacal nature. The same is the case with some patients who suffer from nose, larynx, and stomach, and who at last come into the hands of the alienist as insane, after their disease has been treated for a long time as local. These patients will tell us that their gastric catarrh is caused by poison which some enemies have administered to them, and that pains in their larynx came on immediately after the news of the Emperor Frederick's illness had arrived, etc.

"We have again to repeat here that to decide whether or not an idea be a delusion, its genesis is of the greatest importance.

"If it is proved that delusions are present, it is necessary especially for the purpose of diagnosis of the form of insanity, to refer the delusions according to their subject matter to a primordial derangement, for however manifold the delusions of the insane may be, they always can be traced to certain primordial derangements."

We shall continue to preamble thru this author's remarks for they have a bearing upon diagnosis, legally speaking, such as is used in trials. He does not tend to simplify subject in least. On reverse, magnifies the detail. If all he pronounces is vital to an exact and truthful diagnosis to prove to himself so that he may be able to prove to a court and jury that the man is or is not suffering with this or that, then certainly it should be nonetheless necessary for him to know to convince himself, if it were his patient and came to him for prescription. That being true look at all that must be done. We will proceed, for we think we are destined for Mars beyond a doubt.

"Primordial derangements, which come here into consideration, are—

"(1) **EXPANSIVE DELIRIUM** (delirium maniacale), which in its slighter stages contains only a certain over-estimation of bodily and mental capabilities, and in its higher stages most absurd ideas of exaltation, (mania, mostly with a certain limitation of the ideas of exaltation, progressive paralysis without any limitation, alcoholism, epileptic mental derangement, several organical mental derangements, multiple sclerosis.)

"(2) **DEPRESSION**, which may be either melancholy, the patient imagining himself to have committed a sin and all sorts of crimes; or hypochondriacal, the patient fancying changes in his own body to have taken place. Both examples of delusion occur in the above-named forms of insanity, (with the exception of mania), and they especially form an important part of the symptoms of melancholia and its different species. The depression is sometimes found as delirium negationis, the patient indulging in denying and abnegating everything in existence. Melancholy depression has mostly a religious subject-matter; hypochondriacal depression most refers to the sexual organs (sexual delirium). Persecution mania, as far as the persecutions are a punishment for the crimes of the patient, is a consequence of that depression.

"(3) **PERSECUTION MANIA** in a stricter sense (delirium persecutiois), the patient imagining that other persons intend to do him harm, without his having given, in his life or his actions, any reason or at least not a sufficient reason therefor — (especially in the different forms of paranoia, but also in progressive paralysis, alcoholism, etc.)

"(4) **EXPANSIVE DELIRIUM** combined with persecution mania. The patient imagines himself to be persecuted by enemies who will prevent him from attaining certain ambitious aims. In a very distinct and systematized form we find this delirium in primary paranoia, occasionally also in alcoholism, in epileptic mental derangements, less systematically in progressive paralysis.

"(5) DELIRIUM METABOLISUM. — Everything is changed: the attendants are ministers in disguise, the other patients are not ill, and are only there under a pretense and as informers, etc. This delirium is often the further development of maniacal or melancholy illusions.

"(6) DELIRIUM PALINGOSTICUM. — The patient has seen and experienced in former times, what happens at that very moment. (Deception of identifying recollection.) That event of the moment is rightly perceived, but the recollection is produced phantastically. In other cases delirium paling-nosticum is caused by incorrect perception of the present event, in consequence partly of want of attention, partly of illusions, partly of dullness of consciousness.

"Although the existence of unfounded delusions proves insanity; nevertheless, insanity may also exist without any delusion. In idiocy, in acquired dementia in many cases of melancholia, especially in its incipient state, in hypomania, in the slighter forms of mania, and in circular psychoses, delusions may be entirely absent."

The next pair of stairs, which lead us on, is to investigate "delirium" phase. There are six steps, each of which is very broad and long. Who is to tell but what attendant peculiar actions that might otherwise be diagnosed as something else, might be directly due to any one of these? No one can know until he has investigated them. How much chaff we must wade thru to get a kernel of wheat appears unknown at this writing. We will wade on.

"III. Examination of the Emotions has to show —

"(a) Whether there is easy excitability (*Emotivitaet*); whether the patient now laughs, then cries, without being a sufficient reason for so strong an outbreak of the emotions.

"(b) Whether the emotions are abnormally painful ones (*psychaliga*, *pherenalgis*); whether the patient is grieved with everything he sees or experiences, and becomes greatly depressed.

"(c) Whether the patient is abnormally cheerful (*psychical hedonis*). The patient is without cause constantly merry, and in high spirits, all his emotions being in an abnormally pleasant direction.

"(d) The patient has no emotions at all. No sign shows that he is capable of receiving any impression; he is in a state of mental hebetude (*oliguria*).

"(e) The emotions are abnormally perverted. In the majority of cases this perversion can only be proved from previous acts, or through continual observation. Sometimes the patient, if questioned about previous actions, will explain the impulses resulting from the perverted emotions and the actions caused thereby. To this class belong numerous derangements of sexual instinct; contrary sexual feeling; paradoxia of the sexual emotions,

exposure of the person (exhibitionists). Whilst psychalgia, abnormal mental grief, is sometimes the only symptom of mental derangement or melancholia, the other derangements of the emotions will only suffice for the proof of insanity in connection with other symptoms (hedonia with abnormal increase of flow of ideas; oligoria with abnormal decrease of the intellect, or melancholy or hypochondriacal illusions)."

To hallucination and delirium we add emotions with five distinct divisions. If we could consider any one of these primarily and alone, our minds could be more than at ease. But with the various sets, each of its kind, come the many crosses, inbreeds and combinations that inevitably must occur. We must be alert for the cross-breeds between the types. Identity becomes lost in any one class — we form new combinations at every turn. We can certainly admire and respect any diagnostician that honestly attempts to know all that we have here enumerated and do justice to his subject, not because he is right but because of the great amount of study, concentration, memory and clever questioning necessary to gain nothing of any value when they have it. We can admire any man for his patience — but there our admiration ceases.

"From the emotions which proceed from the state of bodily and mental health, result the sense of health or illness. In the greater number of cases every sense of illness is absent in insane persons. It is abnormally exaggerated in some cases in which there are melancholy and hypochondriacal illusions, and they form in these cases the foundation of the judgment of the value of that sense of illness. But there are also insane persons who have nearly a normal sense of illness — as, e.g., certain weak minded persons who, conscious of their mental inferiority, to escape the storms of life, go to an asylum; the same is the case in periodical and circular derangement produced by metastatic diseases of the brain; in the stage of remission in progressive paralysis; in derangements following intoxication, etc. Some of these conditions have been called *folie ave conscience*. We have to separate it from all those cases in which the patient states that he suffers from mental derangement, but considers it is produced by his enemies and persecutors, and as a punishment for his former life. In these cases the sense of illness is not a perception corresponding to the facts but a symptom and a production of the illusion.

"From all this it follows in the diagnosis of mental derangements, that an existing sense of illness which corresponds on the whole to the abnormal condition, does not exclude the existence of mental derangement.

"IV. The examination of the Power of Recollection will have to discover whether, considering the fact that in some cases of insanity (mania) there

exists an abnormal exaggeration of memory-power (hyperamnesia), there is not a decrease of the power of recollection—i.e., of the ability to recall residues of former impressions, and whether this decrease is total or partial. In the former, as it exists in various forms of insanity, especially in the more advanced stages of parietic and senile dementia, the power of recollection has entirely disappeared. Here also memory in a stricter sense—i.e., the possibility of fixing impressions (residue of excitement), is completely extinguished, so that there is also no recollection of things just past in consequence of non-perception of the corresponding pictures. If weakness of memory is not present in a lesser degree, we find in consequence of the indistinctness of the memory-pictures delusions of recollection (paramnesiae.)

"Where there are only partial amnesiae we shall have to distinguish (a) those forms in which nothing of what has happened since the beginning of the disease is present, but recollection of what has previously happened appears normal (patients with a slight degree of senile dementia relate with great reliability events of their youth, and do not recollect that half an hour ago somebody called to see them.) (b) In rare cases only the recollection of things that have happened before the commencement of the disease appears markedly disturbed or even extinguished while facts which happened during the course of the disease are well remembered. (c) In other cases partial amnesia consists in this, that only certain days or hours are not present in recollection. To this belong hystero-epileptic (somnambulous) and epileptic conditions of stupor and frenzy (frenzy may be caused by various abnormal mental conditions). The inability to recollect is here often due to the fact that the mind had no power to receive impressions during these conditions.

"It is only when there is proof of considerable weakness of memory existing during the time of examination, that the existence of mental derangement is established; and even there we have to take into consideration the physiological loss of memory in consequence of old age. Partial amnesiae occur in hysterical and epileptic persons. In examinations for forensic purposes, the question whether there exists capability of recollection of the time of a certain action, may be of greatest importance, and can generally be answered only with the help of other proved symptoms of the disease.

"V. The condition of consciousness, which forms the sum of the perceptions, ideas and emotions existing in the life of the patient at the present time, follows from the consideration of the mental faculties above referred to.

"Complete loss of consciousness—i.e., absence of any psychical process is only seen in the classical epileptic fit, in the apoplectic and in agonia. We have to examine whether consciousness has been altered in such a manner that perceptions and ideas do not reach perfect clearness, complete or nearly complete amnesia existing at the same time (psychische Daemmerzustaende) as is observed in epileptic and hysterical persons, in under

the influence of alcohol, and in various forms of organic disease of the brain with mental derangement. Of much greater importance, however, for the diagnosis of insanity is the examination of the consciousness of the ego—i.e., the comparing of process in the consciousness of the ego—with the outer world. This consciousness of the ego represents the consciousness of being conscious. In every insane person this highest stage of development of mental life is deranged. To prove that this ego had undergone a morbid change is the principal task of the diagnosis of insanity. In most cases the diagnosis will follow from the examination of the different mental capabilities, as we have explained them above. If consciousness of the ego is extinguished nevertheless most vivid perceptions and ideas may take place in the consciousness, and they may induce actions—as e.g., in certain cases of epileptic mental derangement and certain conditions of intoxication. In other cases, the motor capability is paralyzed, and a multitude of delusions and hallucinations are present (certain cases of stupor).

"We have to mention here that abnormal condition of consciousness described as "double consciousness," as a division of the ego into two egos. This may take place in such manner that the patient represents at different times different personalities, this change sometimes occurring regularly (alternating consciousness, double consciousness—e. g., in somnambulism), or that the patient unites in himself at the same time two personalities (doubling of personality, mostly with corresponding hallucinations, especially in paranoia).

"In examining the mental condition, the physician will have to direct his attention to the facial expression of the patient. This we mostly find to be either monotonous, indicating vivid internal grief—the contraction of certain muscles being exaggerated to statue-like rigidity (melancholia paranoia) or being a complete blank unchanged by pleasant or unpleasant impressions (dementia).

"The expression of the face may also be polymorphous—i. e., there may be abnormally sudden change from gaiety to depression, or from kindness to anger (mania). There may be incongruity between the subject-matter of their ideas and their facial expression. The patient has most abnormal ideas of exaltation without changing his mien; others relate with an extremely important air most unimportant matters, and others again speak about most indifferent things with an expression of vivid astonishment. Some smile on hearing sad stories, others look grieved on listening to jokes; sometimes sudden fits of laughing or crying occur. At last the expression of face may be abnormally changed with regard to the movements of single muscles. This causes the peculiar laugh, mad grin and grimaces, etc. It would lead too far to speak here about the participation of single muscles in the creation of these symptoms. The whole behavior also of the patient, the way he dresses, whether he adorns himself specially or not, gives many noteworthy indications. Slight deviations from the general form, a small ribbon in the buttonhole, etc., may serve as important starting points for further investigations. The pockets also of the pa-

tient ought to be examined; their contents often tell more than a long account of the patient.

"VI. Of Actions which are of importance in the diagnosis of mental disease, we have first of all to mention the speech, the condition of which has been found out at the preceding examination of the mental condition. As far as the speech gives expression to the illusions (dysological derangements of speech) we need not mention it again. On the other side, we see bradyalia, the slow and difficult way of expressing themselves and answering, in melancholiacs, in consequence of the painful effort any mental operation causes to them, in persons suffering from dementia in consequence of the feebleness of all mental processes; in some paranoiacs, in order to conceal their secrets, or in consequence of hypochondriac ideas. This bradyalia occurs abruptly in hallucinatory states in consequence of the distraction caused by the hallucinations. Sometimes new formation of words is observed which are mostly incorrect (onomatoposdis; dysphrasie vesana). Incessant rapid talking is found in mania, in progressive paralysis, etc. (logorrhoea, Zungen-Delirium); and the words are not placed according to their meaning, but according to their sound (alliteration). We have further to mention that derangement of speech, in which the patients puts words devoid of meaning and incoherent, into the form of a speech (verbigeration). Akataphasia has been called that form of speech which almost exclusively occurs in idiots, in which the patient speaks of himself in the third person, putting his Christian name instead of 'I.'

"Of the greatest importance, however, for the diagnosis of mental disease is that form of derangement of speech described as paralytic or as 'stumbling over syllables' (Sibenstolpern). This disturbance is sometimes so great and so characteristic that from the first words of the patient the diagnosis may be made as general paralysis, and it will be confirmed by further examination.

"Although the derangements of speech mentioned above as a general rule indicate mental disorder, other speech disturbances will be a help in confirming the diagnosis and will therefore be valuable, but alone they are no proof of insanity. To these belong also the dysphasia derangements (aphasia and paraphasia, or word deafness, inability to understand spoken words notwithstanding good hearing) and the derangements of articulation with their manifold variations, which, however, cannot be described here.

"The examination of the writing will, and on the whole, reflect the abnormal conditions of speech mentioned above. As in some letters or syllables, or they reverse them. The crossing or underlining of notes of exclamation indicate on the one hand difficulty in thinking, and on the other an abnormally exaggerated process of thought.

"The disturbance also of reading (alexia and paralexia), in the examination of which we have to take into consideration whether there are defects of eyesight, will on the whole give analogous phenomena. We have only to mention that at the commencement of severe organic mental de-

rangement, a disturbance in reading is observed—which however also occurs in functional psychoses (hypochondriasis)—in which the patient is able to read only three, four, five consecutive words, but is unable to continue; in this case there is, usually, intense objection to reading altogether.

"As regards the actions of the patient, direct observation will only be possible during a prolonged stay in an asylum under a competent physician. The discipline in an asylum on the one hand, the seclusion from the outer world, its tasks and exciting and irritating influences on the other hand, may, however, show the patient in quite a different light in the asylum from what he was before and from what he will be again after having left it. In the examination of previous actions we shall have to confront the patient and to try to get at his motives in order to make the diagnosis. The abnormality of the motives is the proof of mental derangement; we have, however, to take into consideration that the motive as such may be right, but that the action has sprung from an insane mind, insofar as those ideas, which under normal conditions may restrain a man from doing a certain action, are abnormally weakened—e. g., in some patients in dementia, aesthetic and moral ideas are very much disordered or even totally extinguished.

"There are also so-called impulsive actions, in which those restraining ideas are present, but are at the moment of the action pressed back by the abnormally increased power of the sensation, from which the impulse comes, as in raptus melancholicus, epilepsy, etc. These conditions are also observed in imbeciles. 'I do just what I think of: afterwards I consider it,' said to us an imbecile, who had committed an outrage against morals. But we have to direct our attention on the examination not only to abnormal actions which have been done, but also to actions which have not been done but ought to have been done at a given moment. In certain insane persons it is of greater importance that they do not act when they ought, that they perform an abnormal action. From all this it follows that an action as such cannot be considered as proof of insanity, but that for this purpose all or some of the co-efficients, which are necessary to commit or leave an action undone, are abnormally deranged. If, however, insanity has been proved, it is indifferent whether abnormal motives can be proved for one action in question or not, because it is quite impossible to take, in a concrete case, all these co-efficients into consideration.

"As far as we have now spoken of diagnosis of mental disorders we have supposed that the patient answers our questions—that he speaks. But there are often cases in which the patient does not speak, and we have then first to find out the reason why.

"(1) The patient does not speak, because he is deaf and dumb. In a dubious case an expert will have to be consulted. If the patient is deaf and dumb, then he must be considered insane, if he has not had any education, because deaf-mutes cannot develop mentality without teaching, and remain imbeciles. A deaf-mute who has had sufficient education can-

not be considered a priori as insane, although the law of all civilized nations makes an allowance for this defect, where responsibility as to criminal acts comes into question. Also, if the deaf-mute has had education, and has consequently developed, we have to examine whether—not at all a rare case—he suffers from some mental derangement. We ourselves saw lately a well-educated deaf-mute, who, accused of an outrage against morals, had been declared sane by the first expert, but afterwards examined by ourselves, with the help of a teacher of the deaf and dumb, was declared to be a paranoiac, and was consequently acquitted.

“(2) The patient does not speak, because he has no ideas to which he might give expression, or because these ideas are of so little intensity that they cannot be expressed by words, (idiocy; advanced stage of different forms of dementia.)

“(3) The patient does not speak, because he is an aphasia, or he has a difficulty in articulation. Here signs and gestures will have to take the place of words. From these, as well as from the actions of the patients, we have to conclude whether these derangements of speech are or are not the result of a general disease of the brain in which the mind is involved.

“(4) The patient does not speak, because certain delusions prevent him, of which the most important are:—

“(a) Hypochondriacal delusions: the patient feels his tongue fixed and the jaws closed, or he has no tongue, and believes he is not able to speak in consequence; (b) ideas of persecution, mostly with auditory hallucinations; a voice has told him that, as soon as he should speak, some dreadful fate should befall him, etc., (c) in conditions of stupor or ecstasy, in which the patient lives in another world, and is inaccessible to any questions and impressions.

“The history of the case, the behavior of the patient, the actions or want of actions, will prove that delusions are the cause of the absence of speech in the patient and this again proves the existence of insanity.

“The examination of the mental conditions has to be followed by an examination of the body of the patient, in order to make the diagnosis more sure.

“We may begin with the head. Abnormal size—either too large (hydrocephalus), or too small (microcephalus), will warrant the conclusion that there is mental derangement. If well marked, this alone may form the foundation of the diagnosis. The skull has to be measured, and attention must be paid to deformities and scars. Then we have to look for other defects (ears, teeth, mouth, genitals, hands, feet, etc.,) which, according to our experience, are, with more or less right considered as marks of degeneration.

“Then follows examination of the cerebral nerves. The condition of the pupils (mydriasis, myosis, their inequality, non-reaction to light, loss of accommodation or both) and the nerves of the ocular muscles, the facial, and the hypoglossal (fibrillary tremor of the tongue) have to be well ex-

amined. Then follows the examination of the motility and sensibility of the extremities and of the trunk; and of the tendon, skin, and visceral reflexes. Lastly, the fundus of the eye, the ear, and the condition of the vascular system (superficial arteries and the heart); and the internal organs, especially the bladder, have to be examined, which latter must not be neglected, as medical treatment may be applied (ischuris, paradox ischuria); stress must be laid upon the examination of the urine.

"From an exact examination of the body we may in a number of cases obtain proof of disease of the brain, and that way explain a priori mental abnormalities. Moreover, exact examination of the body is always necessary when the question is to diagnose the particular form of mental disease.

"When we have proved that there is abnormal derangement of the mental faculties, we have to consider with what conditions mental derangement might possibly be confounded.

"The following will have to be taken into consideration:—

"(1) Certain hypochondriacs, who cannot be called insane in the general sense of the word, state that they are not able to think, that they have no memory, and that they have lost all interest and all feeling. The examination shows without any difficulty that all these statements are without any foundation; that they go about their business, and there is no defect whatever either of memory or intellect.

"(2) Insanity may be confounded with certain feverish conditions, especially meningitis and typhoid fever. With regard to the former bodily symptoms, spasms, rigidity of the neck, etc., will give us the necessary indications; with regard to the latter, examination of the spleen, the faeces, temperature, and the occurrence of roseola. Want of caution in this respect has sometimes sent persons suffering from typhoid fever to an asylum.

"(3) Insanity may be confounded with hysterical, hystero-epileptic, and epileptic attacks, which are apt to deceive us when the bodily symptoms have disappeared, and only the physical changes remain. The history of the case, as well as the rapid course, will lead us to the correct diagnosis. If such an attack extends over some days, or still longer, we have to do with hysterical or epileptic insanity. The limits are not certain.

"(4) Insanity may be confounded with intoxication. The duration and intensity will determine whether we have to do with a state of simple intoxication or with acute mental derangement.

"(5) Insanity may be simulated. (See Feigned Insanity).

"(6) Further, we have to mention that there are certain persons, who, brought up without any education, with bad surroundings, when scarcely grown up, give themselves to all sorts of vice and to drink, and soon go from one crime to another. Favored by a dissipated life, the only change from which is the prison, insanity gradually develops, and we then have before us a compound of criminal nature and insanity. This combination

has practically but little importance, because, with regard to responsibility, the existence of mental derangement alone is decisive.

"(7) Insanity may be concealed by the patient (dissimulation). In order to escape from the asylum, to prevent legal control, and to frustrate observation intended to prevent suicide or other violent actions, patients conceal their hallucinations, melancholy delusions, and ideas of persecution, and they declare, on being questioned, that they have no longer the symptoms which they had in former times. The behavior, however, with regard to hallucinations (compare above), intercepted letters, and observation when the patients think themselves unobserved, especially during the night, will lead to discovery. The patients also forget to play their role if there is some excitement or if they do not feel well (see Insanity, Concealment of).

"After the existence of insanity has been proven, the next task is to ascertain the clinical form of the mental derangement. Although a minute explanation of the differential diagnostic symptoms of the different forms is the task of mental science in a special sense, we, however, will give some points important for the special diagnosis. We may for this purpose divide mental derangements into those which are accompanied by an abnormal decrease of intellect, by imbecility and dementia, and those which occur without these forms."

We are still shifting and rambling thru an endless forest of underbrush. It is to be hoped that some day we see not only light but sunlight. Rule after rule has been propounded; our heads are in a whirl. We could study these lines for years and not know as little as the editors who conjured for months on what to write about next under the head of "mental diagnosis." It seems a shame and a waste of paper, time and effort to rehash such a jargon of criss-crosses that have no bearing with a case; for very little if any of what is talked about is ever used by anybody much less the authors who have written a book more to be sold and to be quoted from, thereby giving them standard as an authority upon which to be frequently called into consultation to expound large fees as alienists. Nevertheless, we will wander and reach our conclusion — which will be short compared with all of this.

"If in a patient abnormal weakness cannot be proven, then the existence of organic disease of the brain—i. e., disease in which we are able to show post-mortem morbid changes in the brain—is excluded; the mental derangement is then a functional one. In this case the disease may consist in a multitude of hallucinations and in complete confusion; the question will then rise about delirium hallucinatorium. Too rapid flow of ideas with powerful motor impulses may be the foundation of the disease, and

then it raises the question of mania or psychalgia, and depressive delusions may be the foundation of the mental derangement (melancholia). If the history of the case shows a regular change between the two latter forms, we have a circular mental derangement. If the derangement is founded on the primary formation of delusions with or without hallucinations, we have paranoia. If the history of the case shows that those conditions occur periodically with certain intervals, we have periodical mania, melancholia, or paranoia, respectively. We may make a further subdivision of these forms of primary disease; according to their aetiology and name the forms accordingly. So we may have, if epilepsy, hysteria, or chorea preceded or accompany the disease, epileptic, hysterical mania, etc., if intoxication is the cause, the name would have to be alcoholism, morphinomania, as the case may be, etc. That through these aetiological relations the disease received a certain form in other directions is understood.

"If imbecility or dementia has been found, the question will have to be answered whether it is mental stupor (with a chance of cure). To give the marks of this disease is the task of special mental science. If this form be excluded, we may classify the conditions of mental weakness in the following manner:—

"(1) It is the result of defective development of the brain (idiocy). If the history of the case does not give us a clue, changes of the skull, as explained above, will give the indications necessary for the diagnosis.

"(2) It has developed secondarily out of one of the functional derangements mentioned above, which did not terminate in recovery (secondary dementia). The history of the case will give clearness, and sometimes the diagnosis may be safely made without this, from the absence of symptoms of paralysis of the peripheral nerves, and excluding dementia in organic mental disease, which we are about to explain.

"(3) Dementia in consequence of organic disease of the brain. The diagnosis may be made by certain clinical facts, which either point to general disease of the brain (paralytic dementia), senile atrophy of the brain, syphilitic disease of the cerebral arteries, or to local disease (multiple sclerosis, tumor of the brain, apoplectic fits, softening, etc.). Here also details must be left to special mental science.

"In some cases longer observation will be necessary before a certain diagnosis can be made, especially if the clinical pictures are not pure, but represent mixed forms, as sometimes happens, when very different aetiological causes come together and produce a state (as, e. g., mania and alcoholism), especially also if extensive insane inheritance, helps to form a peculiar clinical picture.

"The diagnosis of mental derangements also raises the question when a patient may be considered to be cured. This may be:—

"(1) If abnormal mental symptoms are no longer to be found.

"(2) If the patient who has recovered recognizes fully the previous symptoms as the product of mental disease.

"The proof that a man living in an asylum has completely recovered and that no residue and no weakening of the intellect remain, will be obtained if the man can return to the former conditions, to his work and his vocation, and is able to perform his duties as before his illness.

"In spite of extensive diagnostic material, errors will always be possible and may actually occur.

"But it is more frequently the case, if there is any doubt whether the patient is sane or insane that, on account of temporary remission of symptoms, non-recognition or concealment of abnormal mental conditions, the alienist will declare an insane patient sane than vice versa; it is highly improbable that mental peculiarities, mental changes produced by external influences on the mind, should be incorrectly used to prove insanity.

"Lastly, we must mention another slight difficulty in the diagnosis e. g. those cases in the so-called intermediary stage, in which there are doubtless derangements of the mental functions but not insanity in a strict sense. To this group belong those peculiar characters, which are in many cases created by insane inheritance, and also some severe central neuroses, as epilepsy, chorea, and hysteria, insofar as morbid changes of the intellect have not yet taken place, and the derangements show themselves in their peculiar character; to this group also belong, under the conditions last mentioned, the more severe forms of imperative ideas, and intoxication by alcohol, morphia, etc.

"In such cases IT IS ONLY AFTER LONG AND CAREFUL OBSERVATION THAT THE ALIENIST WILL BE ABLE TO ANSWER THE QUESTION whether the individual is insane or not, at least with regard to an eventual sequestration or from a forensic point of view; IN SOME CASES HE WILL NOT BE ABLE TO ANSWER THAT QUESTION EITHER IN THE AFFIRMATIVE OR IN THE NEGATIVE. Considered from a purely scientific point of view, these cases belong undoubtedly to mental disease." (DICTIONARY OF PSYCHOLOGICAL MEDICINE — VOL. 1. E. MENDEL).

We have copied at full length this author on forms of recognition of "mental diagnosis." Where are we? He gives us our answer in his summing paragraph — "in some cases he will not be able to answer that question either in the affirmative or in the negative." Then why lead us a thousand times around Robin Hood's barn just to show us a wall that we cannot climb over, under, or get thru, when our object was to get on 'tother side?

Why do we quote it here? Because this is a lecture on "Diagnosis vs. Analysis." We shall at the close question severely entire value of any form of "diagnosis," mental or physical, hence we must do justice to their viewpoints upon their half of subject. As it were, this is a debate upon which we must present their subject, then by contrast refute their position. As they have been

writing for years upon these questions, it would not be fair for us to quote but one author — and a portion of that — then pursue our subject; for the uproar, when boiled down, would be equivalent to having it said that we picked such an author that was leaning our way, or we chose to quote such portions as gave us greater leeway in disputation. We wish to be fair. We can only do this by quoting many and doing so entirely. We trust that our readers will regard our efforts in that light. We know you are as tired of reading it as we are of reviewing and commenting thereon; we are aware that readers do not care for lengthy dissertations upon dry subjects, but science knows no lack of effort, is not drawn to epitome, neither does it leave unturned any essentiality that is at all necessary to conclusively and clearly show the distinction. And, the more is that necessary in a subject where one long shot essentiality is to be proven radically wrong and that humanity had been better off if it had never existed.

We have listened to the viewpoints of several authors — all with one viewpoint of two divisions. Their intent, purpose, method, accomplishments have been the same. These authors were searching for physical and mental diagnoses. They succeeded, and after they secured the much prized blue ribbon, what have they? We will proceed.

“Diagnosis — This, in its narrowest sense, consists in bestowing a name upon a certain assemblage of pathological PHENOMENA. It should include also A KNOWLEDGE OF THE CAUSAL FACTORS of the DISEASE; a determination of ITS character with reference to type and severity; an estimate of the amount and kind OF DAMAGE, both general and local, which has been sustained by the organism; a forecast of probable course and duration OF THE MORBID PROCESS; and a cognizance of personal characteristics of patient, whether psychic or physical, inherited or acquired. Its final object is to be able TO TREAT DISEASE intelligently, and the application of scientific methods to the complete discrimination and recognition OF DISEASE constitutes that art of diagnosis.”

This author has given us as supine a definition as possible, considering subject he defines. Definition may have been perfect, but we shall maintain that IF IT WERE perfect, in every respect, it accomplishes nothing when completed. All pertains to “phenomena” — “disease” — “Its” (disease) “of the morbid process” — “to treat disease” to recognize “disease” — “that constitutes the art of diagnosis.”

We are at a loss to know what he shall define as "a knowledge of the causal factors" but we will read further and undoubtedly discover, but we wager you now that he will find some material agent which causes another material agent to change its normality to pathology.

"A diagnosis is made by means OF SYMPTOMS, which constitute the EVIDENCE upon which is based a judgment as to the nature of the case. Symptoms, THE PHENOMENA CAUSED BY MORBID PROCESSES, are divided into subjective, those which can be appreciated only by the patient, and objective, comprising those which are detected by the personal examination made by the physician. The term physical signs is by common consent applied to the objective symptoms revealed by special methods of examination, used mainly in determining the condition of the organs contained in the chest and abdomen."

Hardly had we the thot incorporated as a comment before we are proven correct. We will now cite "a knowledge of the causal factors" as follows: — "the phenomena CAUSED by morbid processes" — that which IS bad causes that which is natural to become unnatural. This seems to us to be but a repetition of that thrice told tale of Eve tempting Adam to eat of the apple. Because he did eat, the world and everybody in it has been bad from that time to this. It but reiterates the theory that evils of father shall be visited unto child even unto third and fourth generation.

"In addition to a knowledge of the symptoms, subjective or objective, which may exist at the time of examination, it is necessary to ascertain the presence or absence of HEREDITARY taints or tendencies, to know something about the habits and occupation of the patient, to learn of past illnesses or injuries, and to obtain a clear idea of the manner of onset and subsequent evolution of the present disease. Finally, it is well to study the temperament and personal characteristics, mainly psychical, of the individual patient so far as practicable.

"The family and personal history, the history of the present illness, and the results of the examination constitute the evidence upon which the final judgment as to the nature of the case is to be based. A NECESSARILY HETEROGENEOUS COLLECTION of facts MUST BE CLASSIFIED with reference to their relative value and significance and compared with the previous knowledge and experience of the diagnostician, after which a judgment may be rendered AS NEARLY AS POSSIBLE in accordance with the facts. This constitutes the second and final step in

the making of a diagnosis. The process is thus seen to consist of two elements—observation, in its broadest sense, and reasoning, applied to the results of the observation.

“Certain terms of some practical value and convenience are used to qualify a diagnosis, as follows (the definitions are largely from Foster) “Diagnosis:—“1—Anatomical.—Based on a knowledge that not only of symptoms or PHENOMENA, but also of definite anatomical alterations on which the PHENOMENA depend; or a post-mortem diagnosis.

“2—Clinical.—Based upon the symptoms manifested during life.

“3—By exclusion.—Reached by a deductive process, all the affections which present salient points of similarity with the one to be diagnosticated being reviewed in turn, and each successively discarded as one or more of its essential features are missed in a given case, until but one possibility remains, which is accepted as the true one.

“4.—Differential.—The process of distinguishing between different diseases which resemble one another more or less closely.

“5.—Direct.—The symptoms are of such a nature that they point to the presence of one special disease, and are not capable of misinterpretation.

“6.—Pathological.—Of the nature of a lesion, without regard to its situation.

“7.—Retrospective.—Of some antecedent disease or injury, the nature of which can be deduced only from the history given and from the persistent effects.

“SYMPTOMS.

“1.—Constitutional.—Those that may result from unbalancing of the organism as a whole, and are common to affections of many kinds.

“2.—Direct.—Those that depend directly upon the disease.

“3.—General.—Constitutional. (See above.)

“4.—Indirect.—Which result from localized disease, and are usually confined to the site of the diseases, organ or tissue.

“SIGNS:

“1.—Physical.—Already defined.

“2.—Rational.—Signs and symptoms, subjective or objective, corresponding to the alterations in structure and mechanical conditions discovered by physical examination.

“3.—Stethoscopic.—Those discovered by auscultation.

“DIFFICULTIES IN DIAGNOSIS:

“FOR VARIOUS REASONS IT MAY BE DIFFICULT OR IMPOSSIBLE TO MAKE A DIAGNOSIS. The most important of these reasons are as follows:

“1.—The subjective symptoms may be PUZZLING OR INCONGRUOUS.

"2.—The objective symptoms and signs may be ILL-DEFINED, OBSCURE, or, if present, AS DISCOVERED LATER, MAY BE IMPOSSIBLE OF DETECTION by the most searching examination e. g., a beginning, small perinephritic abscess in an unusually obese patient, which can not be palpated until it reaches a certain size.

"3.—Certain symptoms essential to a diagnosis MAY NOT APPEAR UNTIL THE DISEASE HAS ADVANCED to a certain stage—e. g., the splenic enlargement and rose rash of typhoid fever.

"4.—Several diseases, each of which in other cases may constitute the sole morbid process, MAY CO-EXIST, one as the primary or main disease, the others attending as complications or sequelae. One or more of the secondary lesions may be recognized, and the underlying or primary disease or condition be overlooked—e. g., pleurisy with effusion occurring as a result of previously unrecognized pulmonary tuberculosis, and masking the primary lesion in the lungs.

"5.—THE RARITY OF A DISEASE may lead to its non-recognition because of unfamiliarity with its history and symptomatology, and perhaps the consequent failure to elicit all the diagnostic data.

"6.—THE LACK OF A FULL AND ACCURATE HISTORY is at times a serious hindrance in making a diagnosis. The patient may be DEAF AND DUMB or SPEAK AN UNFAMILIAR TONGUE, or he may be UNCONSCIOUS, DELIRIOUS, MENTALLY UNSOUND, or so IGNORANT and STUPID that no reliable information can be obtained from him, and intelligent friends or relatives may not be available. On the other hand, in consequence of a variety of motives, ESSENTIAL FACTS MAY BE CONCEALED by the patient or the friends.

"7.—DRUG SYMPTOMS, unless unknown and due allowance made of them, may so disguise, add to, or simulate certain diseases that the diagnosis may be shrouded in uncertainty.

"8.—The diagnostician must be a good observer, and at the same time be able to reason correctly. As Huxley well says: Scientific reasoning differs from ordinary reasoning in just the same way as scientific observation and experiment differ from ordinary observation and experiment—that is to say, strives to be accurate; and it is just as hard to reason accurately as it is to observe accurately.' In scientific reasoning general rules are collected from the observation of many particular cases; and when these general rules are established, conclusions are deduced from them, just as in every-day life. If a boy says that 'marbles are hard,' he has drawn a conclusion as to marbles in general from the marbles he happens to have seen and felt, and has reasoned in that mode which is technically termed induction. If he declines to try to break a marble with his teeth, it is because he consciously, or unconsciously, performs the converse operation of deduction from the general rule 'marbles are too hard to break with one's teeth.' * * * * * The man of science, in fact, simply uses with scrupulous exactness the methods which we all, habitually and at every moment, use carelessly."

There are seven ways of finding methods of diagnosis, four ways to detect symptoms, three ways to detect signs that are observable; then he leads us into eight valid reasons why there are "Difficulties of Diagnosis." "For" — eight — "various reasons it may be difficult or impossible to make a diagnosis."

"While medicine is TO A CERTAIN EXTENT a science, and requires scientific modes of reasoning, MEDICAL ART IS, in a large proportion of cases OBLIGED TO REASON FROM PROBABILITIES as premises, and its FINAL RESULTS CAN NOT BE EXPRESSED IN THE EXACT FORMULAE OF THE MATHEMATICIAN. IN OBEDIENCE TO SOME LAW WHICH WE DO NOT YET KNOW, 2 AND 2 DO NOT ALWAYS MAKE 4 IN THE REACTIONS OF THE HUMAN BODY, otherwise patients would not be encountered who present serious symptoms after a medical dose of morphine, or blaze out with urticaria after eating strawberries."

At proper times and in their places, we have commented upon one or more of these eight "Difficulties." We have seen the futility of trying to ascertain anything definite or conclusive in this wild imaginative series of vagaries as to knowing what patient has. Above paragraph sustains our comments, with exception that we would go even further and say that ENTIRE system is futile. He admits, in part, what we would prefer in total. Medicine is a science — "to a certain extent" leaving much to be supplied; "medical art is," — "obliged to reason from probabilities" thus, neither science nor art of medicine is complete — we must guess, fiddle-de-dee, fiddle-dee-dum; turn roulette wheel and wherever it stops, that's what patient gets. Diagnosis leads to prescription to aid patient, if possible, yet even here we learn "its final results cannot be expressed in exact formulae of the mathematician." To elaborate upon what he means he says "In obedience to some law which we do not yet know, 2 and 2 do not always make 4 in the reactions of the human body." We will try. If they do, we hit it; if they don't we missed it. Let's try again with something else. Hence it's a game of chance, with the dice or other gambling device loaded by the Innate Intelligence against you.

"OBTAINING EVIDENCE:—The diagnostician acquires the facts upon which he is to form an opinion: (1) by interrogation—inquiry of the patient or his friends; (2) by observation—an examination. mainly objective

of the patient. Information obtained by interrogation is called the History or Anamonesis (remembrance); that derived from observation, the Present Conditions or Status Praesens.

"From a purely scientific and diagnostic point of view, the first questions addressed to the patient will be with reference to his ancestry; next, in regard to his personal history antecedent to the present disease; then as to the existing disease, followed by a careful and systematic examination, first of the general condition; then of special organs, one by one, together with such chemical, microscopical, bacteriological, and other investigations as appear to be demanded. But for obvious reasons this order of pursuing the investigation is for the most part impracticable, and consumes an unnecessary amount of time.

"In the vast majority of cases the facts are acquired by the physician in the reverse order. The first question asked is, 'In what way do you feel ill?' 'Of what are you complaining?' Or the patient will volunteer a statement as to his subjective sensations. The question or the statement will direct attention at once to the probable or possible seat or nature of the diseases. Further inquiries are put as to the duration and character of the morbid sensations. During these interrogations the physician attentively scrutinizes the general aspect of the patient in search of obvious objective symptoms. The pulse, respiration, and temperature are taken. The organ or part which appears to be most at fault is first examined, after which due attention is paid to other portions of the body. Finally, the family and social history may be ascertained.

"This is the logical order of investigation, as conditioned by actual circumstances. It is a matter of indifference as to the sequence in which the symptoms are learned, provided that the examination is sufficiently intelligent and systematic to be sure of eliciting all the facts, and the facts when obtained are so arranged in the mind of the physician that they form a clear and coherent picture, and are capable of being recorded in an orderly manner. It is to be remembered in this connection that in many cases it is just as necessary to note negative facts—i.e., the absence of certain symptoms or signs as it is to ascertain the presence of others." (DIAGNOSTICS OF INTERNAL MEDICINE * * * BUTLER.)

"DISEASE—DIAGNOSIS.

"GENERAL CONSIDERATION.—The general principles only of diagnosis will be here discussed. Special diagnoses will be treated of in connection with the several diseases to which they have reference.

"In many respects diagnosis is a subject of great interest and importance. First, in a scientific point of view, it is essential that all knowledge should be accurate. Secondly, accuracy of diagnosis, founded upon a sound pathology, enables us to frame a scientific classification of disease in its diverse forms. Thirdly, it is by an accurate determination of the nature of THE DISEASE which may be present in any given case that we are able to anticipate its course, and to employ the RIGHT KIND of REMEDIES in its treatment. IT IS IMPERFECTION OF DIAGNOSIS WHICH

LEADS IN MANY INSTANCES TO AN UNDER-ESTIMATE OF THE VALUE OF THERAPEUTICAL AGENTS; for when the nature of A DISEASE IS MISTAKEN WE ARE LED TO EMPLOY IMPROPER AND UNSUITABLE REMEDIES, the failure of which is then erroneously attributed to the inefficiency of the agents, and not to the unfairness of the treatment employed. If our diagnosis had been correct or complete, the remedy employed would more often have had the desired effect."

We will please bear in mind that which is emphasized in that paragraph. I shall have occasion to repeat those facts, in another form, before this lecture is finished.

"In order to arrive at a diagnosis we must study the PHENOMENA or characters of each individual case, and then trace its connection with those groups of symptoms which have been previously recognized and described as belonging to special or distinct classes of disease. Assuming that the classification has been already made, we proceed to deal with the means which enable us to identify each individual case, and to connect with previously classified forms of disease.

"MEANS OF DIAGNOSIS:—To obtain accuracy in diagnosis we must be prepared with a knowledge of the several forms and the varieties which disease assumes; we must be familiar also with the functions and structures of the several organs of the body in health. It is by observing and comparing the changes wrought by disease in these functions and structures that we are enabled to discover the presence of, and to determine the nature of, THE MORBID PROCESS going on. In forming, then, a diagnosis in any particular case, the physician must, as far as possible, keep in view the real or the ideal condition of the patient in a stage of health. He must endeavor to place him in as natural a position as may be, and as little disturbed by the presence of his attendant, or by external circumstances, as possible. The physician must then obtain a history from the patient himself or from others of the incidents of the disease and having done this he must proceed to investigate for himself the condition of the patient.

"1: Previous history of the patient—The history implies of course a statement of the age and sex of the patient, as of his home and his employment, each of which may have a special relation to disease. It should also include an inquiry into the antecedent generations of the patient, and how far he may have any proclivity to congenital disease of malformation. This inquiry should have reference to both positive and negative facts. It should extend not only to the previous existence of disease in the family, but also to the absence of particular diseases or types of constitution. The patient's history should include a statement as regards the diseases and injuries from which he may previously have suffered; the remedies used for them, and the climate and other influences to which he has been exposed. Nor must the physician neglect to ascertain the history of any children that the patient may have had, as the nature of disease

from which the offspring have suffered in many instances throws light upon the health of the patient.

"2: History of present illness. The history of the present illness should include the determination of the date of its commencement; its probable cause, its earliest PHENOMENA and its progress as influenced by external circumstances, including treatment.

"3: The present condition of the patient.—Here we have to deal with two classes of PHENOMENA: namely (a) those feelings or facts of self-consciousness which the patient describes to us—subjective phenomena; and (b) those signs which we ourselves observe—objective PHENOMENA.

"(a). Subjective PHENOMENA.—The patient describes his feelings—as of strength or weakness, or numbness, tingling or pain, of wakefulness or wandering; he can tell of affections of vision, of hearing, of smell, or of taste; of breathlessness, cough, palpitation, or of feelings of sinking or faintness, of difficulty of swallowing, thirst, lost appetite, nausea, or sickness, or various sensations and actions connected with the abdomen; of feelings associated with the genitourinary organs, such as pain or difficulty in passing water; of cramps, spasms, or other alterations of sensation or motility; or disturbances of sensibility and activity, etc. Each of these signs of deviation from health will have its own value and significance. The physician must at the same time carefully note how far the condition of the patient is in accordance with his statements, and whether there may not be present some reason or cause for concealment or for exaggeration.

"(b) Objective PHENOMENA.—In studying the objective phenomena connected with disease, the physician makes use of his special senses, assisted by the several instruments with which modern science has provided him.

"First, in matters of eyesight, he sees the general aspect and expression of the patient, which will include the colour of the skin (such as may result from the fullness or emptiness of the blood-vessels, from the yellowness caused by jaundice, from the blueness of cyanosis, or from pigmentation, etc.); the presence and character of cutaneous eruptions (especially in the axanthemata); the expression proper, such as that of ease or suffering, and of depression or excitement; the conditions of obesity and plethora, or of wasting and bloodlessness. He will also observe the position of the patient—how he lies, or sits, or stands; how he breathes; the appearance of the eyes, the tongue, etc. Further, the sense of sight will be employed in determining conditions of a local or less general nature. Observation must be made of the size, the shape, and movements of parts, and of their expansion or contraction. With the aid of special instruments, such as the ophthalmoscope, the laryngoscope, the cystoscope, the various speculae, sounds, etc., the physician will be able to examine parts of the body of the patient beyond the reach of the unassisted eye. The chest-measurer or the stethometer will render more exact the information already obtained by the eye and hand as to the size and mobility of parts. The use of each of the several instruments above mentioned, as a means of diagnosis, will be found described under the heads of their respective names, or in the articles on PHYSICAL EXAMINATION.

"The sense of hearing tells of the character of the breathing, the voice and speech of the patient, including cough, hoarseness or aphonia, 'aphasia,' etc., but the ear is especially applied to the study by auscultation of the sounds produced in connection with the heart, the lungs, and other organs. The signs thus elicited will be found fully described elsewhere.

"The sense of touch, or feeling, will communicate a knowledge of the temperature, of moisture or dryness, of size, shape, elevation or depression, of smoothness or roughness, of the pulse or pulsation, vibration, fremitus, or extent of movement, resistance, softness, or hardness, and of fluctuation. The accuracy of the results of these observations by touch may be tested by the use of the thermometer, the calipers, and the tape-measure.

"The sense of smell aids diagnosis in certain cases. The general odour of the patient may be observed in small-pox, in rheumatism, and some wasting diseases (such as phthisis), and in syphilis; and the odour of particular parts and secretions, as the urine in diabetes, the faeces in jaundice, etc., and in cases of the use of certain drugs, or in poisoning. Information is also afforded by the odour of certain discharges, as in ozaena, leucorrhoea, cancer, etc.

"The sense of taste is seldom employed in clinical investigation, but the physician may make use of the patient's taste, as in testing the urine in diabetes.

"Further aids in diagnosis.—Having thus summarily described the employment of the special senses in diagnosis, and given examples of their use, we may briefly mention some other agencies of more general application. The acuteness of the patient's sense of touch may be determined by the aesthesiometer. The capacity of the lungs may be measured by spirometer; the strength of muscles by the dynamometer; the contractility of muscles by galvanism; and the force and character of the pulse are determined by the sphygmograph. Constant use is found for the microscope, the test-tube, the spectroscope, the endoscope, and polariscope, which aid in determining the character of the various secretions or morbid products that require to be submitted to investigation. The result of treatment may also be mentioned as an aid to diagnosis, as, for example, when an indurated sore yields to the use of mercury. Again, the knowledge that a person has been in a malarious district enables us to decide on the intermittent nature of certain symptoms that may be present. In some cases it may be necessary to render a patient insensible by anaesthetics, with a view to making a complete examination, or investigating feigned diseases. The administration of small doses of charcoal has been suggested as a means of determining the presence of a passage through the bowels when more or less obstruction exists.

"Such, then, are the means used for taking note of those deviations from health which occur in the several functions and structures of the body, and which constitute what are known as the symptoms and signs of disease; these are terms which will be found more especially treated of under the heads, DISEASE, Symptoms and Signs of, and PHYSICAL EXAMINATION.

"THE DIFFICULTIES OF DIAGNOSIS.—It need scarcely be said that THE PRACTICE OF DIAGNOSIS IS NOT FREE FROM GREAT DIFFICULTIES. We know how hard it is to obtain in ordinary daily life a reliable account or description of any past or present event. There must be still greater difficulty in obtaining an accurate medical history of a patient's case. (1) He has to tell of facts of which particularly he may know much, but scientifically very little. (2) He may be forgetful or ignorant on points about which we most need to be informed. (3) He may be inclined to exaggerate or to suppress facts of material import. (4) Nor are the difficulties less in regard to the objective phenomena with which we have to deal. The symptoms of a disease are not always so clear and definite as to mark its nature—that is, to be pathogenomonic. (5) They are more often slight, undefined, obscure, and to be found with difficulty. (6) The symptoms of one disease may very closely resemble those of another, (7) whilst those of the same disease will very closely resemble those of another, (8) whilst those of the same disease will vary at different stages, (9) and in different individuals. (10) Again the symptoms of a disease may be complicated by the co-existence of those of another disease; (11) whilst a symptom sufficiently striking in itself may be common to, and present in, several different diseases. We need only mention, for example, feverishness, pain, cough, breathlessness, and blood-spitting."

We are here led to believe that when a patient has a pain or feels hot "practically he may know much," but "scientifically" he knows "very little." Does scientist, when he has pain, feel that pain any the more merely because he thinks he has more in his brain than anybody else? Does laborer, who feels pain, feel it any the less merely because he uses his hands? Can it be that it takes knowledge to feel pain, heat or any other symptom? Can it be that the babe does not feel any pain, merely because he has NO intelligence—"scientifically?" I suppose we are to assume that when a patient who is ignorant, is sick, he doesn't know where the pain is? Can't he put his hand on the place? It doesn't seem to make any difference whether he says his side pains, puts his hand over right abdominal region, physician seems quick to DIAGNOSE it appendicitis. Assuming this be all true, that it takes an educated man to be a scientist and only a scientist can be a diagnostician—then of what value is it when there are eight valid reasons why they can make mistakes and frankly admit that state of affairs? This author gives one paragraph to things he can't tell about for "There must be still greater difficulty in obtaining an ACCURATE medical history of a patient's case"; then why berate the man who suffers pain, can't tell HOW MUCH pain any more than you can, merely because

he hasn't an education and you have — you both seem on a par to me, only one is on a par with, and other without.

"These are some of the difficulties which he has to study the operation of disease in life, has to contend with. He must come prepared for the duty with a knowledge, as we have already said, of the body, its structure and its functions in health, and with a knowledge, too, of those combinations of morbid actions which constitute special forms of disease. For, as regards this latter knowledge, all the observations made would remain as isolated PHENOMENA if they could not in each case be grouped as constituting distinct disease.

"We have thus indicated the difficulties of obtaining ACCURATE knowledge as regards both the subjective and objective PHENOMENA. The difficulties are not less when the exercise of the intellectual and reasoning faculties is called upon to analyze, to compare, and to group these PHENOMENA.

"The physician may commence his inquiry by tracing up the history of the case and its several incidents, a method which is called the synthetical; or he may commence by ascertaining the present condition of the patient, and going at it backwards in his inquiry — a method which is known as the analytical. As a general rule, both methods are combined in the practice of diagnosis.

"Observers can sometimes arrive at a direct diagnosis, aided by the presence of some characteristic system or sign of disease. When diseases which are essentially different have symptoms more or less common to both the physician will have to institute a comparison between them, until he finds sufficient evidence, in the presence or in the absence of some distinctive symptom or sign, to satisfy him as to the nature of the disease which is present. By being able thus to trace the absence or the presence of a given symptom, he may be able to exclude the possibility of the existence of one or other of the diseases under investigation. These modes of investigation will be found illustrated in the diagnosis of the several diseases described throughout this work.

"In conclusion, it must be remembered that these investigations, which call for the exercise of the highest mental faculties, should be conducted without prejudice and without haste. We should never be ready to accept as clear that which is obscure, as established that which is open to question above all, we should remember that, though to err is human, it is our duty to endeavor to ascertain in each and every case, before commencing its treatment, what its real nature is, AS FAR AS IT MAY BE POSSIBLE FOR US TO DO SO. It cannot be too often repeated that the application of a right remedy depends on an accurate diagnosis, and that the prevention and the cure of disease are the aims and ultimate objects of our science." (DICTIONARY OF MEDICINE. QUAIN — VOL. 1.)

We quote a paragraph from the Preface of "Physical Diagnosis" by Richard C. Cabot, M.D., Assistant Professor of Medicine in Harvard University.

"To gain genuine familiarity with all the technical processes described in most books on physical diagnosis—such familiarity as makes one competent to use them with due regard for the sources and limits of error inherent in them—NEEDS MORE THAN ONE LIFE-TIME OF ONE MAN. But unless one has one's self used a technical process long enough to gain this sort of mastery over it, one cannot properly describe it, far less recommend it to others."

Having covered a vast area of territory to do justice to our subject, we reach conclusion that dictionaries and authorities agree with our earlier statements that mental or physical diagnosis is but recognition of symptoms. To ascertain, for example, whether faeces is reddish or brownish in color and which shade of each, whether there is blood in it or not, and what quantity of red or white corpuscles each contains, whether food is digested or not, or to what extent it is or is not; to ascertain whether there is or is not an excess of bile as determined by microscopical and chemical study of vomitus; to know whether there is a bitter or sweet taste in mouth in morning, what color is eye-ball—to put it short anything that may be abnormal, diseased, pathological, sick,—that is what he searches, gleans, studies to exactly know its location, color, character, quantity, degree, etc., etc., ad infinitum.

EFFECT—where it is, what it is, why it is, what causes it, are some of many theories that cause dozens of others and himself to rack their brains for many lifetimes. To make an average diagnosis of average case, to be within reason, to do patient justice, to secure evidence about all possible weaknesses, of all his body and how one plays upon another—would take average physician eight hours and then he would not know all. Average person has several diseases in different parts—to sift these, to weigh the significance of each, its relation to another, would be equivalent to jumping to see both sides of the world at once and then find, after studying for years to accomplish that, that it cannot be done and is worthless when you have its shadow cooped.

To put this statement of diagnosis, as it is, we give following definition: —

DIAGNOSIS — Doctor quizzically questions, patient timidly answers; doctor looks wise, patient grows scared; information is grabbed into an empirical assemblage of hypothetical symptoms to mystically prescribe arbitrary medicines in dogmatic quantities for a superstitious stimulation or fanatical inhibition of mythical mental what-not. Diagnosis is probably Meningo-Encephalitis — its prescription is Metamidophenylphenylparmaethoxinolin.

You are sick, or believe you are — you go to a physician (it makes no difference which one or to how many, from which school he had origin, what method he uses, how long he takes, how much he knows — the procedure is the same in all). His first aim is to make you feel at home, then begin a systematic quizzical history of your case. He will start back with your ancestors, to your parents, childhood, find out state of health of each, known hereditary taints. Then he meanders thru your childhood to find diseases you had then — they frequently play an important part in present sickness. He follows you into age of puberty, when you came around, was it painful, etc. He chases you into wifehood, what are sexual difficulties, diseases incident thereto. He inquires as to children, how many and sex. Then he finally rounds up with a very minute, exacting series of questions in which you tell every ache and pain that you know or can imagine heightened by his questioning which probably drags out some that you had long since forgotten. After all of this, you disrobe and he palpates, auscultates your body from neck and back to your chest, heart, lungs, and sex organs. He will study your gait, blood circulation, nervous irritability. He will continue to question, finally throwing all into a scrap-bag and picking whatever comes first to his mind then determine that is your disease.

After having accomplished all of this, serious appellation must be attached. Cat must have a number tag which will say "This is a molers catus-felinus blackus." Having prescribed mythical Latin title, we are now ready for next step, that of prescribing; but just before entering the next room of medical science, let us

tarry and see what one of our most eminent authorities has to say as regards THE ACCURACY of this system.

We have spent many pages just to reach end of book, as it were. We have been wandering down thru halls, alley-ways, thru ball-rooms, pantries, etc., of old castle just to see where it all would terminate. We have purchased a ticket, we have been on train, headed for where we knew not, going to a destination we knew not. We have now come to that end—for what purpose was diagnosis? Of what value is it? What is the great accomplishment that it makes? Are they (or we) better off because of it?

Many people are impressed with things gigantic—it must be right for look at its size. Others say—it must be true for look at the good men who follow it by thousands. How can we question it—dozens of books have been printed upon that subject. Certainly it cannot be wrong—see the eminent position held by people who write these books. It surely does not behoove us to say it is wrong—it is the very corner stone of medicine. The world acknowledged its use, judges concede it in “law”—therefore who has audacity to question its righteousness or use? For answer to these I will say it is wrong. Because everybody believes it is no reason that it is right. Because “law” and judges kowtow that does not prove it scientific. I further maintain that it is not scientific; it is impossible to so list it because it is guess-work, from start to finish; there is no possibility of ever making or bringing it within realms of science. So long as anything human has to do with the impossible, it cannot be brot within scope of making 2 times 2 equal 4. So long as first hypothesis of medicine is not exact, nothing that follows can be any better. Theory of diagnosis, prescription, treatment, etc., has not advanced the world forward one iota, it has retarded our progress, stunted our mental abilities and physical possibilities. The world would have been better off had no diagnosis ever been known or a drop of medicine ever prescribed. It never made more life, but checked it.

At this juncture we wish to quote, not in toto but in portion, extracts from an article entitled “How May The Science of Therapeutics Be Advanced?” by Joseph L. Miller, M.D. (Chicago) printed in full in Journal of the American Medical Ass’n., Sept. 21, 1912.

"The present unsatisfactory state of therapeutics has not been due chiefly to the lack of properly trained clinical minds, but rather to the insecure foundation on which to establish rational therapeutics. The few valuable empirical remedies now at our command give us only a faint conception of the fruitless efforts of thousands of earnest workers in this field. In the majority of instances the attention of the physician was attracted to these remedies by lay people, who in using countless vegetables had detected some with real curative powers.

"With this haphazard method of selecting therapeutic agents, it is not surprising that many fallacious observations were made and certain drugs acquired unwarranted repute as remedial substances, until, as the result of the accumulation of ages, we are now burdened with a mass of drugs without remedial qualities, or at least without these powers being definitely proved. . . . The therapeutic value or worthlessness of many of these drugs can, however, be worked out only at the bedside.

"It appears that often, while their discussion of the etiology, pathology, symptomatology, diagnosis and prognosis of disease is of highly scientific character, when they pass on the realm of therapeutics, there is a vagueness which is not in keeping with the previous discussion. If we admit that this is true, what explanations may be offered? Are therapeutic facts really more elusive than those of pathology and diagnosis, and if so, why? Here it appears **A FACTOR IS INTRODUCED WHICH, TO MY MIND, IS MORE RESPONSIBLE THAN ANY OTHER ELEMENT FOR THE DIFFERENT STATUS OF THERAPEUTICS, AND WE WILL SAY, DIAGNOSIS.**"

This paper aims to deal with contrasts between diagnosis, its purpose — its successes or failures. In above quotations we have a very recent authority telling us that this condition must be given medicine as late as above publication. He lays "Diagnosis" as foundation error upon which all others are reared. We will continue to quote from this article, even tho some of it may seem to be retrenching from our subject matter, yet, as foundation is comment in preference to after consequences we are justified in continuing to see what **THEIR** experience brings forth as a success.

"The teacher of clinical medicine having carefully demonstrated his patient, may feel somewhat embarrassed in admitting that, while with our present knowledge of medicine, there is little to be expected from any form of drug treatment. It is, however, only just to our students that we take this stand provided we are certain of our position, rather than give them a list of drugs that have been recommended in the disease, which our knowledge of pathology and pharmacology as well also as personal clinical experience has shown, are valueless.

"The investigation of another group of cases offers almost insurmountable difficulties. I refer especially to that class of functional nervous disturbances grouped under the class "neurasthenia." Many — and perhaps most — of the therapeutic fallacies now in our medical literature are due to the misleading results obtained from treating this class of cases.

"The limitation of drug therapy is better understood, and has led to development along the lines of diet, hygiene, etc. Most encouraging is the stand taken by many of our patients that they prefer to be treated if possible without taking a lot of medicine. Our teachers in medicine are each year growing more conservative. Each year will register the elimination of some therapeutic fallacy and herald the acquisition of therapeutic knowledge gained by scientific investigation."

At this juncture we wish to emphasize this author's statement where he said "In the majority of instances the attention of the physician was attracted to these remedies by LAY people." So frequently is argument raised: "How can you discuss questions that you have not been taught in college?" etc., ad infinitum. This is a refutation on that from one who proves its opposite.

"MISTAKEN DIAGNOSIS"

"Dr. Richard Cabot, of Boston, is a man who is deservedly held in HIGH repute by the ENTIRE medical profession throughout the country as an EXCEEDINGLY able exponent OF MEDICAL SCIENCE AND PRACTICE. He holds a chair of medicine in Harvard University; is the author of a STANDARD TEXT BOOK on physical DIAGNOSIS; enjoys a LARGE and SUCCESSFUL practice; is a man of EXCEPTIONALLY high personal character and integrity; and is, in addition, one of those REALLY GREAT personalities in medicine whose influence and work have extended beyond the confines of his own calling, and have told effectively in the direction of wise philanthropy and practical sociology.

"At the last convention of the American Medical Association, held in St. Louis, this gentleman, WITH A COURAGE AND INTELLECTUAL HONESTY which marks him, (if any further indication should be necessary) as a GREAT man, presented a unique and THOUGHT-PROVOKING paper, prepared out of his own personal experience, entitled, 'A STUDY OF MISTAKEN DIAGNOSIS' in which he analyzed the clinical history of ONE THOUSAND CASES, diagnosed by himself in the Massachusetts General Hospital, WHICH AFTERWARD CAME TO AUTOPSY, comparing the showings of the post-mortem examination with the clinical findings. The paper has recently been published in the Journal of the American Medical Association, and makes EXCEEDINGLY interesting and instructive reading."

Certainly no more of a eulogy could be desired of one who was having his funeral sermon preached, at his bier, than this

MEDICAL magazine gives to Dr. Cabot. Get it thoroly impressed, what an eminent man this is. It has to do with what he has said about "one thousand cases" that he "diagnosed" in the "Massachusetts General Hospital" which afterward died, and were then dissected, from which a comparison was made between what he said the "diagnosis" WAS and what he found it to be (when the patient was opened). The idea — is — you say a cow is in a room that you've never been in. You guessed at it, of course. The door is opened — it proves to be a canary, a bed-stead or an electric fan. This man made one thousand guesses on one thousand rooms he'd never been in — how many times did he miss it? How many did he hit it? That's the VITAL QUESTION OF THIS ENTIRE LECTURE.

In commenting further we must not overlook that Dr. Cabot has at his command a trained, expert corps of experts, each with his laboratory and laboratorial equipment in that "Massachusetts General Hospital." He has a similar corps, equipment and laboratories over at Harvard (where the "post-mortem examinations" were taken). He had at his command all that (1) brains, (2) money, (3) experience, could bring to his command. What more could any man DEMAND upon which TO SUCCEED?

"The analysis, as may be supposed, is A VERY comprehensive one, embracing almost EVERY TYPE OF DISEASE in VARIOUS STAGES and manifestations, and represents A CAREFUL AND SYSTEMATIC INVESTIGATION of EVERY CASE, both BEFORE AND AFTER DEATH. Its NET RESULT shows that the DIAGNOSIS WAS CORRECT IN ABOUT FIFTY PER CENT of the ENTIRE aggregation of cases; in THE OTHER fifty per cent, THE POST-MORTEM DEMONSTRATED THAT HE WAS MISTAKEN IN HIS DIAGNOSIS, either by commission or omission, i. e., HE HAD either DIAGNOSED CONDITIONS WHICH WERE NOT present, or HAD OVERLOOKED THOSE THAT WERE there, and it must be borne in mind that IN THIS FIFTY PER CENT OF CORRECT diagnoses there were A LARGE NUMBER of cases of diseases whose MANIFESTATIONS ARE SO PLAIN THAT THE MEREST TYRO in medicine WOULD RECOGNIZE THEM almost AT A GLANCE; such, for instance, as typhoid fever, diabetes, pneumonia, meningitis, valvular disease of the heart, and others which present a well-marked and easily recognized group of symptoms. It is therefore plain that, IF all of these SIMPLE CASES HAD BEEN ELIMINATED THE proportion of MISTAKES WOULD HAVE BEEN GREATER; for, according to Dr. Cabot's statements, the percentage of CORRECT DIAGNOSIS reached the low figure of SIXTEEN per cent in acute nephritis,

TWENTY-TWO per cent in chronic myocarditis, THIRTY-THREE per cent in broncho-pneumonia, and so on."

Horrors of horrors — 50 per cent right, 50 per cent wrong. Can it be that is all we can show for progression of "the science of medicine?" Thousands, yea millions, of men, using millions of dollars, with everything that dead and live bodies can give, vivisected and dissected, from head to toe — can only produce that? And of the 50 per cent that he was right upon — "the merest tyro in medicine would recognize them ALMOST AT A GLANCE." Think of it! If these cases had been eliminated — that is if those cases where door was open, he looked in and saw the cow, and was therefore "diagnosed" cow, had been eliminated, mistakes would have been far greater. In other words, if those cases where the door was open had been eliminated, the mistakes where door was closed would have been far greater. In other words, including those cases where door was open, he was correct in but 16 per cent, then what would it have been had all doors been closed — would it have dropped below 6 per cent? Appalling, is not strong enuf.

"Now, if the man of Dr. Cabot's RECOGNIZED SUPREMACY IN THE FIELD OF DIAGNOSIS with the courage and candor to face THE REAL FACTS, confesses that he is ONLY ABLE to make correct diagnosis in something like fifty per cent of all the cases he undertakes — AND CONSIDERABLY LESS THAN THAT in those diseases which make anything like a tax upon expert skill — WHAT IS THE IRRESISTIBLE CONCLUSION CONCERNING THE THOUSANDS OF PRACTICING PHYSICIANS WHOSE SKILL IN THIS DIRECTION IS ADMITTEDLY FAR BELOW THAT OF DR. CABOT, who have not the facilities that lie at his command, and whose opportunities for verification or disproof are practically nil?"

Let us draw this picture. It will illustrate the truth of paragraph above. Imagine two institutions, each of which is endowed with endless millions for sake of "science." One is Harvard, the other a hospital. Each has a corps of physicians, each a specialist in his line, each with his laboratory and all equipment that money can buy, is invented or needed. Now comes a patient, presided over by this eminent man — Dr. Cabot. He and his hospital corps use every bit of individual intelligence they possess; they hold consultation and use combined intelligence; they test with everything they possess, then they test combined, then they finally "DIAGNOSE" what the case has. They did this with "one thousand cases who DIED. When cases were dead, their

bodies were transferred to the Harvard dissection room. Now comes the corpse, presided over by this eminent man — Dr. Cabot. He and his University corps use every bit of individual intelligence they possess, they hold consultation and use combined intelligence, they test with everything they possess, then they test combined, then they finally “DIAGNOSE” what body had. They did this on “one thousand cases” that came to them as corpses. Then clinical findings were compared with dissectional findings — they were right in but a total of 50 per cent. 500 cases were “DIAGNOSED” WRONG. Regardless of disease, they were not picked, they included “almost every type of disease in various stages and manifestations.”

Imagine the contrast. Here’s any one of the 100,000 practitioners of medicine, in any city in the U. S., excluding perhaps about 10 experts in the 5 largest cities. This still leaves us a balance of 99,950 physicians. Their experience? — 4 years in a mercenary institution. Their knowledge? — sufficient to skin thru their college exams and State Board work. Their equipment? — a mere handful of books in one section of a library; maybe an instrument or two; perhaps a urinalysis test tube. That’s about as far as it goes with 95 per cent. They take one or two medical magazines; work is too technical; it does not hold interest. They do not study . . . what is “science” NOW to them? They want dollars, join lodges, churches, attend public meetings, become public political leaders of community. WHAT MUST BE THEIR PERCENTAGE OF “MISTAKEN DIAGNOSES?” This article says — “what is the irresistible conclusion concerning the THOUSANDS of practicing physicians WHOSE SKILL IN THIS DIRECTION IS ADMITTEDLY FAR BELOW THAT OF DR. CABOT?”

Dr. Cabot has specialized on this ONE AND EXCLUSIVE SUBJECT. All other practitioners study all subjects, treat all, in fact do 100 times more than Dr. Cabot. Where is the “science and art of medicine?” Have we shattered an idol?

“Now, there is nothing in this state of things, in itself, at all derogatory to the intelligence and efficiency of the physician. No one who has the most elementary appreciation of the condition and difficulties surrounding medical diagnosis — ranging all the way from individual idiosyncrasies to pathologi-

cal variations — will for a moment misinterpret the showing made by the analysis. And that a man like Cabot should deliberately undertake and frankly publish such an analysis displays A SINCERITY OF MIND, A LOVE OF TRUTH and A DEVOTION TO SCIENCE which can hardly be too highly commended. SUCH A SPIRIT AMONG ITS EXPONENTS WILL NOT AWAKEN, BUT STRENGTHEN, PUBLIC FAITH IN MEDICINE."

This commentator does not belittle physician in his attempt to do impossible. His excuse would be similar to following: John Jones is trying to talk to Mars. We should emulate, revere and immortalize this attempt. "But, he failed to talks to Mars, because it was too far away." That is not the talker's fault, he couldn't help how far away Mars was. We have at great length enumerated the tremendous impossibilities of the physician. We did that just to meet the argument of this paragraph.

Suppose Western Union were to deliver but 50 per cent of the messages it received; suppose any grocery store were to deliver but 50 per cent of the orders it received; suppose but 50 per cent of the automobiles that were sold could run; suppose 50 per cent of the telephones installed would not talk; suppose 50 per cent of the Dalton's Burroughs or National Cash Registers would not do that for which they were built; SUPPOSE 50 PER CENT OF DIAGNOSES WERE FAILURES, DID NOT ACCOMPLISH THAT FOR WHICH THEY WERE MADE AND HANDED DOWN THRU CENTURIES — "SUCH A SPIRIT AMONG ITS EXPONENTS WILL NOT WEAKEN, BUT STRENGTHEN, PUBLIC FAITH" in Western Union, grocery store, automobiles, telephones, Dalton's, Burrough's Register — "IN MEDICINE." In brief, it is summed in one word — IMPOSSIBLE!

"Nevertheless, WE CANNOT EVADE the net significance of Dr. Cabot's frank analysis that THE PRESENT STATUS OF MEDICAL diagnosis is represented by something LESS THAN A FIFTY PER CENT STANDARD OF EFFICIENCY, OR AT LEAST OF ACCURACY. From which we may fitly deduce three lessons: first, the propriety of a modest and unpretentious bearing toward each other and the public; second, the importance of VERIFYING or correcting OUR CLINICAL DIAGNOSIS, WHEREVER POSSIBLE, BY AN AUTOPSY; third, the value of a FRANK AND HONEST DISCUSSION of our mistakes, which is doubtless of more real profit than the customary tiresome recital of our notable — AND OFTEN ACCIDENTAL — SUCCESSES."

(Medical Brief Editorial, Dec. 1910.)

Following brief statement along same line is taken from London Mail of June 24, 1907:

"MISTAKEN DIAGNOSES.

"In the annual report on the work of the Metropolitan Asylum Board, published today, it is noted that the cases of mistaken diagnosis admitted number 2,151. The percentage of error amongst cases certified as scarlet fever was 5.2 and amongst diphtheria cases 16.3.

"The mistakes amongst cases certified as enteric fever were very numerous, being 33.7 per cent for all hospitals, and attaining the extraordinarily high figure of 52.1 per cent amongst the admissions at the Southwestern Hospital.

"An investigation by the hospital investigating committee showed that autopsies upon patients that died in Bellevue Hospital showed that 47.7 per cent of the diagnoses of diseases in that hospital were mistaken. The superintendent of that hospital is reported to have said that that was a very good showing, and that in the Massachusetts hospitals the average of erroneous diagnoses ran higher than 50 per cent.

"As the doctors believe that different diseases call for different remedies, that each disease is caused by a different germ and can be healed only by a microbe whose business in the economy of things is to destroy that particular disease producer, the disastrous consequences of missing the disease and its germ in half the cases and prescribing the wrong microbe in the form of a serum or in some other preparation may well be imagined. It is not to be wondered at that the patients became the subjects of an autopsy, to find that their death more than likely resulted from the mistaken diagnosis of some doctor, whose good intentions may be conceded after the death of his patient and a revealing autopsy."

Following brief article is extracted from The Truth Teller of May 1st, 1915, and is from a different institution than that just given.

"MEDICAL DIAGNOSIS AND STATISTICS.

"The inaccuracy of medical diagnosis is becoming almost a scandal. Of course, no one can expect a physician to know the hidden, and many of the errors recorded at autopsies are of conditions which gave no signs of symptoms during life. To have known them would have required clairvoyance. Still it is rather disconcerting to learn from some statistics published by Dr. Horst Oertel, Scientific Director of the Russell Sage Institute of Pathology, New York (The American Underwriter), that in one of the best-known hospitals with every facility for diagnosis, in only 22.5 per cent of the autopsies was the diagnosis confirmed. In 14 per cent it was partly correct and in 34.1 per cent it was entirely wrong or not made at all. Death certificates can be of little value for statistical purposes when to these difficulties are added carelessness, haste and ignorance. In the study

of the state of public health and its changes, we must then make great allowance for error. We can not be sure of many of the alleged changes in frequency of any affection. Public safety really demands that there shall be an autopsy after every death, but there is no use discussing it because public opinion will not tolerate it. Nevertheless, it ought to be possible to "post" all hospital cases, and the good resulting will gradually educate the public to a tolerance of the practice in outside cases and then a demand for it will follow. We ought not to wait for the millennium to bring good things, but bring about the millennium by the good things we create. So let's get to work in the matter of finding out what kills so many people prematurely. — American Medicine.

"If you really get to work and find out the cause of so many premature deaths, you will discover that the allopathic mistakes in diagnosis are entirely overshadowed by allopathic mistakes in treatment. When a system of treatment consists principally in administering poisonous doses of everything used as medicines, a realization of that fact ought to supply all needed information as to the causes of premature death where it is used. It is only a refusal to know the facts that shrouds the matter."

Following newspaper article appeared in Boston as a news item and is from still a third institution: —

"BELLEVUE DOCTORS WRONG IN NEARLY HALF OF CASES.

"Startling Figures in Official Report Admitted By Those In Charge.

"Proof Is In Autopsy.

"Want more dead patients carved up as check and guide on diagnosis.

"The statement made by the Hospital Investigating Committee that 47.7 per cent of the deaths at Bellevue are due to causes incorrectly diagnosed has provoked a flood of defensive statements from medical men, especially those connected with Bellevue and allied institutions.

"The Hospital Investigation Committee cites the figures in support of its recommendation that the law be changed so that great leeway will be given for autopsies at hospitals, the purpose in this being, as the report frankly admits, **THAT THE DOCTORS CAN FIND OUT AFTER THE PATIENT IS DEAD WHAT WAS THE MATTER WITH HIM AND HOW HE SHOULD HAVE BEEN TREATED.**

"The report was made to the Board of Estimate which appointed the committee. It is expected that the proposal to permit wholesale autopsies will meet with spirited opposition.

"Dr. O'Hanlon, Superintendent of Bellevue, said today that he considered the average of correct diagnosis, as reported by the committee, to be very good. He cited the Massachusetts General Hospital, where, he said, the average of erroneous diagnoses ran higher than 50 per cent.

"ADMIT ERRORS IN MORE THAN THIRD OF CASES.

"The statement that 47.7 per cent. of the Bellevue diagnoses were proved wrong by autopsies was made by Dr. Horst Oertel, who examined into 388 cases at Bellevue before reaching his findings. But sensational as these figures sound, **THEY ARE NOT REMARKABLE**, according to Dr. John W. Brannan, President of the Board of Trustees of Bellevue and Allied Hospitals (the others being Fordham, Harlem and Gouverneur).

"Dr. Brannan said today:

"I think that percentage is a little high, perhaps due to the fact that the investigators took the first diagnosis slips and not the final diagnosis slips, in many of the cases. In my opinion the errors in diagnosing amount to about 35 per cent. **BUT THAT IS THE CASE IN ALL HOSPITALS. WELL INFORMED MEDICAL MEN ARE NOT SURPRISED BY THE BELLEVUE FIGURES.**"

Following is an Editorial advertisement quoted from Medical Brief of September, 1912: —

"**DIFFERENTIAL DIAGNOSIS.** Presented through an Analysis of 385 Cases. — By Richard C. Cabot, M.D., Assistant Professor of Clinical Medicine, Harvard Medical School. Second Edition. Octavo of 764 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$5.50 net.

"Dr. Cabot's reputation as a diagnostician is too well established throughout the length and breadth of the land to need any tooting from our modest trumpet. By the same token, the merit of this presentation of the subject from his pen may, and doubtless will, be taken for granted wherever his name is known. The feature of the work which especially impresses us is that it has achieved the rare accomplishment of reducing the empirical aspect of diagnosis to a scientific basis. The underlying principles of diagnosis are, of course, the principles of the various sciences to which they pertain — of physics, acoustics, chemistry, physiology, and what not. **BUT DIAGNOSIS ITSELF IS, AFTER ALL, AND MUST EVER BE, AN EMPIRICAL AFFAIR.** This Dr. Cabot recognizes, and he himself has contributed as extensively as any one man to its **EMPIRICAL** data. But even in his empiricism he is a scientist, and has here, in this excellent book, classified his data according to the statistical and experimental method, so as to serve as trust-worthy guiding rules for clinical practice. It is an unique and diagrammatic summary of the 'case' side of diagnosis."

Following is an editorial comment in Journal of American Medical Ass'n of March 27, 1915: —

"**WHY PHYSICIANS ERR IN DIAGNOSIS.**

"Since the announcement by Cabot that post-mortem findings reveal a high percentage of incorrect clinical diagnoses, the question as to the reason

is important. In many institutions special attention has been devoted to the problem, and in the city of New York it was made the subject of a municipal report.

"ERRORS IN DIAGNOSIS ARE DUE TO CERTAIN DEFINITE CAUSES. The large percentage of such errors are avoidable, but only by ascertaining wherein the defect lies can improvement be possible.

"Sad to confess, mistakes from incomplete examination form the largest class. Nearly all avoidable blunders result from this cause. Insufficient examinations are due usually to lack of time, sometimes to laziness. There are, of course, patients who object to complete and thorough examination. This can never be a satisfactory excuse; a case should be relinquished when it cannot be sufficiently studied. 'It is better,' warns Abrahams, 'to lose a patient than to lose a reputation.'

"There is, then, one class of mistakes which can be condoned. This class is bounded by human limitations. The others are avoidable. Mistakes due to gross ignorance and faulty judgment may be overcome and are being overcome by increased preliminary requirements and other improvements in medical education and by an endeavor on the part of most physicians to keep abreast with the advance in medical knowledge. Mistakes due to lack of time and thorough study will be overcome when physicians resolve to study each case thoroughly with the use of the many available accessories to medical practice."

Following "Book Notice" appeared in Journal of American Medical Ass'n of March 27th, 1915: —

"In this volume, Dr. Cabot offers the second installment of his collection OF MEDICAL PUZZLES, together with his solutions, and comments on methods of diagnosis. The cases are selected to illustrate certain symptoms, vertigo, diarrhea, dyspepsia, hematemesis, melena, hemoptysis, edema of the face and of the legs, polyuria, fainting, hoarseness, pallor, delirium, ascites and abdominal enlargement. As in the previous volume, each chapter is preceded by diagrams showing how often one may expect to find a given symptom resulting from any one of the several diseases which may cause it. We agree with Dr. Cabot that 'A LACK OF SKILL IN HISTORY TAKING SEEMS TO MISLEAD US MORE OFTEN THAN FAULTY PHYSICAL EXAMINATION.' So far as chronic cases are concerned; we believe, however, that in more acute cases, and in those chronic illnesses treated throughout their entire course by the physician, HIS FAILURE TO ARRIVE AT A CORRECT DIAGNOSIS LIES CHIEFLY IN NEGLECT OF CAREFUL PHYSICAL EXAMINATION. The great lesson to be gathered from a reading of Dr. Cabot's cases is that an orderly arrangement of facts of history and routine physical and laboratory examination will as a rule point to the probable diagnosis. THERE ARE, OF COURSE, MANY INSTANCES IN WHICH THE OBTAINABLE EVIDENCE IS INSUFFICIENT, AND HENCE THE DIAGNOSIS REMAINS IN DOUBT. While a limited number of such

SPECULATIVE diagnoses are of didactic value in teaching the limitations of medical skill, WE DOUBT THE DESIRABILITY OF INCLUDING CERTAIN OF THE MORE INDEFINITE CASES IN WHICH THE CONCLUSIONS AS TO DIAGNOSIS ARE NECESSARILY OPEN TO QUESTION, AND WHERE ONE GUESS IS AS GOOD AS ANOTHER. In the main, a perusal of several cases illustrating a given symptom leaves the reader with a clear picture of many of the practical problems of diagnosis which he himself has encountered, and he has a lively sympathy with Dr. Cabot WHEN THE CAREFULLY THOUGHT OUT DIAGNOSIS IS DISCOUNTED BY SUBSEQUENT EVENTS. HONEST CONFESSION IS GOOD FOR THE MEDICAL SOUL. A careful reading of this collection of case histories is bound to stimulate the reader to more orderly and complete utilization of the sources of information in the study of his patients."

Appearing under "Correspondence" in Journal of American Medical Ass'n of Jan. 11th, 1913, are following two letters. One was directed by a physician of Chicago to Dr. Cabot and other was Dr. Cabot's reply: —

"THE DIAGNOSIS DOUBTS OF DR. CABOT.

"TO THE EDITOR: —

"Dr. Richard C. Cabot's industrious article 'Diagnostic Pitfalls Identified During a Study of Three Thousand Autopsies' (The Journal A. M. A., Dec. 28, 1912, p. 2295) is dangerous. Some harm, as I shall presently show, has already been done. The premises are quite inadequate to warrant the conclusions, and I thoroughly disagree with the deductions that are made. Three thousand cases form an imposing array, it is true, but when they remain improperly classified they constitute merely a variegated assortment of insufficiently differentiated units that is more apt to muddle than to clarify statistical research. To collect a large series of cases of acute and chronic diseases, complicated and uncomplicated by preceding or accompanying lesions—cases seen throughout the course of the disease or only for a few days or a few hours—cases studied before and after the advent of modern diagnostic methods—cases seen in a perfunctory way and cases thoroughly studied by 'new' doctors and by old—and then to utilize this jumble of heterogeneous material to formulate generalities is wrong. THE PREMISES ALSO INCLUDE INFALLIBILITY OF PATHOLOGIC AS AGAINST CLINICAL DIAGNOSIS. Here the element of care, thoroughness and the personal equation enter with equal force. And what of the purely functional disturbances that have no tangible autopsy mark? Is the diagnosis of acute uremia, for instance, necessarily incorrect because nothing tangible is found at autopsy? What is the post-mortem evidence of a death from uremia?

"Taking up singly few of the 'percentage of diagnostic success,' is it not preposterous to assert that the diagnosis of acute nephritis was correctly

made in only 16 per cent (and incidentally, how do you diagnose chronic glomerulonephritis during life?) and of chronic nephritis in 50 per cent? How is this possible unless the simplest routine examinations of the urine were omitted? Can acute pericarditis be missed in 80 per cent, and acute endocarditis in 61 per cent of the cases? It seems quite incredible, if the patients were examined at all. Peptic ulcer was incorrectly interpreted in 44 per cent of the cases; why, and what diagnosis was made? And where are duodenal ulcer and gall-stones (not mentioned in this table) that could most readily be confused with gastric ulcer? And does this table—does the whole article—include the borderland cases of this type in which the necessary exploratory operation was performed? I doubt seriously whether active phthisis is missed in 41 per cent of cases, nowadays; activity is usually associated with tubercle bacilli in the sputum, is it not? Of course, if they are not looked for, one might make the diagnosis of bronchitis. Most senior students, I really believe, would be able to recognize a mitral or an aortic stenosis in more than 69 per cent and 61 per cent of the cases, and lobar pneumonia would not be misinterpreted or overlooked in nearly a quarter of the patients. How can a modern medical man consider the diagnosis of malaria a 'diagnostic pitfall' because in these statistics the diagnosis is often given of 'phthisis, hepatic syphilis, hepatic abscess and urinary infections? Was the blood examined? Let me recall the fact that in malaria, a typical parasite, easy of identification, is said to circulate in the blood. But why go further?

"The main conclusion to be drawn from Dr. Cabot's paper is that UN-PARDONABLE CARELESS WORK WAS DONE BY THE ATTENDING PHYSICIANS IN THE 3,000 CASES THAT FOUND THEIR WAY TO DR. CABOT'S AUTOPSY TABLE. One can hardly assume that these cases were all 'studied' in the Massachusetts General Hospital, for THIS WOULD CONSTITUTE TOO CRUSHING AN ARRAIGNMENT OF THE CLINICAL WORK DONE IN THIS VENERABLE AND JUSTLY CELEBRATED INSTITUTION. I have seen 152 consecutive cases correctly diagnosed in every clinical detail in the service of Dr. Ortner in Vienna, and that was sixteen years ago. Dr. Cabot's 'diagnostic pitfalls' are not pitfalls at all for the man with five senses and a conscience; they are pitfalls only for the blind, and the blind should not lead. The whole argument is illogical; fifty men are not necessarily a centipede because one man is a biped.

"A certain number of disorders cannot, of course, in the very nature of things be correctly interpreted during life, although their number is relatively very small and growing smaller (where in the statistics is the diagnosis 'impossible?') another small proportion requires an exploratory operation; still others are purely functional in character and have no uniform, characteristic or grossly determinable anatomic substratum; other 'diseases' that Cabot enumerates are merely syndromes of manifold origin and due to a variety of underlying causes. But I maintain that the overwhelming majority of cases are today diagnosed correctly, provided the proper care is exercised and the proper technic is employed. Of course 'against stupidity the gods themselves strive in vain.' WE ALL HAVE OUR PERCENTAGE

OF ERROR, but it is not a question of greater or less virtuosity at all; it is a common-sense question of securing specifications before figuring on a contract. One should not proclaim *ex cathedra* that tailors cannot make clothes, because of 3,000 suits the majority were misfits, unless one acknowledges at the same time that most of the tailors for some inscrutable reason failed to take the necessary measurements. AND ONE SHOULD NOT ARGUE FROM BOSTON AND OVER THE SIGNATURE OF AN ILLUSTRIOUS NAME AND IN THE LEADING PLACE OF OUR MOST PROMINENT MEDICAL JOURNAL THAT DOCTORS COMMONLY FAIL TO MAKE PROPER DIAGNOSES, UNLESS ONE ACKNOWLEDGES TACTILY OR OPENLY THAT THIS IS DUE TO THEIR FAILURE TO EXERCISE ORDINARY CARE OR TO USE THE PROPER METHODS PRESCRIBED FOR ELICITING NEEDED FACTS. I know that such criminal negligence is not tolerated in the larger Chicago Hospitals, nor is it at all common among general practitioners, EVEN AMONG THE OVERWORKED AND UNDERPAID COUNTRY PRACTITIONERS IN THIS SECTION OF THE COUNTRY. One rarely encounters an actual 'bull' of the kind that seems to thrive rampant in herds in Dr. Cabot's china-shop.

"My criticism is inspired by an article in the Chicago Tribune, Saturday, December 28, under the caption 'Wrong Diagnosis Common, Asserts Richard Cabot.' THIS THING WAS WAVED AT ME TWICE IN ONE DAY. WHAT 'MEAT' THIS MUST BE TO OUR FRIENDS, THE ENEMY, AND WHAT AMMUNITION FOR THOSE WHO GLEEFULLY, IN THE NAME OF THE PROFIT, SHOOT AT 'DOCTORS, DRUGS AND THE DEVIL!' IT IS A PITY THAT A THING OF THIS SORT SHOULD COME BEFORE THE PUBLIC NOW, WHEN WE ARE TRYING SO HARD TO GAIN THE CONFIDENCE OF THE LAITY, TO EDUCATE THE PEOPLE OVER TO THE CAUSE OF LEGITIMATE MEDICINE AND TO DISPEL THE ATTITUDE OF AMUSED SUSPICION SO GENERALLY ADOPTED TOWARD US. THERAPEUTIC NIHILISM HAS HAD US BY THE THROAT; NOW BEWARE OF DIAGNOSTIC PESSIMISM. Duckworth warned us long ago that 'the doctrinaire in medicine, as in politics or other matters, is commonly a dangerous person.' Alfred C. Croftan, M. D., Chicago."

"(A proof of the preceding was sent to Dr. Cabot, who replies:)

"TO THE EDITOR:—I hoped to read such objections as Dr. Croftan's. THEY HELP TO BRING OUT THE TRUTH. BEFORE I KNEW THE FACTS I USED TO FEEL JUST AS HE DOES. WHEN HE HAS HAD THREE THOUSAND CLINICAL DIAGNOSES CRITICIZED AT AUTOPSY BY AN INDEPENDENT AND UNPREJUDICED PATHOLOGIST WHO MAKES FULL BACTERIOLOGIC AND HISTOLOGIC EXAMINATIONS OF EVERY CASE, HE WILL FIND, I BELIEVE, THAT THE FACTS ARE NOT LESS UNPLEASANT THAN I HAVE STATED THEM TO BE. HE WILL KNOW THAT HIS MOST SCRUPULOUS AND CAREFUL EXAMINATION OF THE PRECORDIA OFTEN FAILS TO REVEAL ACUTE PERICARDITIS WHEN IT IS PRESENT! THAT HIS EXAMINATION OF

THE URINE WILL NOT ALWAYS DISTINGUISH EITHER ACUTE OR CHRONIC NEPHRITIS FROM MITRAL STENOSIS AND AORTIC STENOSIS ARE SOMETIMES OVERLOOKED BY THE BEST DIAGNOSTICIANS.

"His questions may be answered briefly as follows:

"Duodenal ulcer is included with gastric ulcer under the general term 'peptic ulcer.' Many active cases of tuberculosis show no bacilli in the sputum. Malaria is listed as a diagnostic pitfall simply because I saw in one year three practitioners (not connected with any hospital) fall into it. Acute uremia can be excluded when we find post mortem a purulent meningitis and a pair of sound kidneys. It is to such evidence that I refer. Doctrinaires are the bane of medicine. WE NEED MEN WHO WILL WORK AND FACE THE FACTS. FAILING THAT, GENERAL DENUNCIATIONS DO NOT HELP. RICHARD C. CABOT, M. D., Boston."

We have reached conclusion — diagnosis is not reliable, satisfactory, leads to nothing definite or scientific. We are groping in dark. Assuming we are right in 50 per cent we are prescribing WRONG in 50 per cent. If drugs go to place for which they are given . . . heart medicines go to heart; liver pills go to liver . . . then if we diagnosed wrong, we have prescribed wrong. If heart is normal, we diagnose it "heart trouble," prescribe for heart, our drugs go there — we will make a disease in that location. It is guess-work in at least 50 per cent of cases.

Chiropractic, by contrast, IS a science. What the unknown may be is immaterial. We care not what affection may be; where disease is is not of sufficient importance to be weighed heavily. All that is important, in diagnosis, is unimportant to us. All that is necessary to know, to lead to prescription, in medicine, is unnecessary for us to know to lead to adjustment.

Here comes a patient. He says he is sick; perhaps he's right, perhaps not. Maybe he thinks it's heart and he might be right or wrong. Physicians have differed as to what they called his trouble, differed where it was, and have prescribed different drugs — it matters not to us.

Let us analyze this man. His brain is in his skull. His brain makes power for his body — proven by fact that when his head is cut off, his body dies; proven by fact that when he's hanged he's dead. This power, made by brain, reaches all parts of his body by and thru spinal cord which is encased within spinal column . . . a mass of soft matter entirely surrounded by solid links of bone.

This cord sends forth branches. They have their exit thru inter-vertebral foramina, which are notches on superior and inferior lateral surfaces of vertebrae which compose this flexible and flexuous backbone. If any vertebra becomes disarranged, out of alignment, subluxated, it will make these notches smaller, pinch nerve, make its diameter smaller, hinder flow of this nerve-force from brain to organ for which destined. Every tissue in body is connected to some portion of brain by and thru some nerve-fibre which connects tissue cell with brain cell. Starting at tissue cell, fibre passes in, by and between tissues on its way to eventually go thru this opening, thence to become an integral part of this spinal cord which goes to brain and there ramifies into its every lobe and convolution. Every organ of body that can become diseased is fed by forces which come from brain, via this backbone.

If 100 per cent of diagnoses were correct, it would not be equal to 1 per cent of correct analyses, from the mankind viewpoint. One deals with effects and other with cause. Supposing 100 per cent of effects were properly diagnosed, what does it amount to after you have it? Supposing, on reverse, that 1 per cent of analyses were correct; that 1 per cent knowledge OF CAUSE leads to 1 per cent of correct adjustment and that leads to 1 per cent of correct health, and that 1 per cent of health delivered to humanity is more than a physician can deliver with 100 per cent correct diagnoses; for then begins more guess-work as to the percentage of correct prescriptions.

In the minds of majority of people, a diagnosis is pre-eminent. There seems to be a superstitious longing in minds of many to know just what they have; doesn't make any difference whether it is cirrhosis, eczema, bronchial pneumonia, appendicitis, enteritis — they want it named, they want to know what they are carrying around on the inside just as if that knowledge had some value attached to it. We don't care whether we have a tape-worm or a seat-worm. Given a knowledge of subluxation, and if that knowledge be but 1 per cent right, it is worth more than would be 100 per cent correct diagnoses with some 7-jointed name attached.

We review: physician looks at symptoms, he diagnoses, he tells you what you have, tells it to you in a Latin name and you look

up to him, "O! How glad I am that man knows!" You feel as though he is your second father, he knows so many words, and you place yourself under his treatment, with confidence.

Assume a patient came to Chiropractor — latter is blindfolded (cannot see); he is not permitted to say one word; his ears are stuffed with cotton so he cannot hear (as in asthma, etc.). Have his patient prepared, i.e., his entire spine bared. He will carefully ANALYZE position of vertebrae and find a SUBLUXATION causing disease for which physician may OR MAY NOT have diagnosed. This Chiropractor, with NO GUESS-WORK KNOWLEDGE of physical or mental diagnosis, symptomatology or pathology, will proceed to adjust subluxation, and in time his case will be dismissed WELL of every disease . . . HE KNEW NOT WHAT AND CARES LESS. We call that character of work SCIENCE in its fullest and broadest sense. Any person who can do that, repeatedly, on case after case, is an ARTIST of finest quality. Chiropractor radically abhors guessing; physician ignores precision. One would not have work of other; other refuses to investigate claims of 'tother. It will be a long time before we harmonize.

"ANALYSIS: A RESOLUTION OF ANYTHING, whether an object of the senses or of the intellect, INTO CONSTITUENT PARTS OR ELEMENTS; an examination of component parts, SEPARATELY OR IN THEIR RELATION TO THE WHOLE, as the words which compose a sentence, the tones of a tune, or the simple propositions which enter into an argument." (WEBSTER'S NEW INTERNATIONAL DICTIONARY, 1910 EDITION).

"ANALYSIS: RESOLUTION INTO PARTS. Composition — Resolution. Digest, Investigation, Answers; Numbering, Organization, Disorganization, Ratiocination — Instinct Trail." (MARCH'S THESAURUS DICTIONARY OF THE ENGLISH LANGUAGE).

"ANALYSIS: (1) A loosing, releasing; (2) A DISSOLVING, THE RESOLUTION OF A WHOLE INTO ITS PARTS, analysis opposed to genesis or synthesis; in logic, THE REDUCTION OF THE IMPERFECT FIGURES INTO THE PERFECT ONES; (3) THE SOLUTION OF A PROBLEM, etc., to unloose-backward.

"1. Gen: The act of analyzing; the state of being analyzed; the result of such investigation. THE SEPARATION OF ANYTHING PHYSICAL, MENTAL, or a mere conception into ITS CONSTITUENT ELEMENTS." (NEW REVISED ENCYCLOPAEDIC DICTIONARY, VOLUME 1).

"ANALYSIS: To resolve anything, of whatever character, into its constituent elements." (NEW REVISED ENCYCLOPAEDIC DICTIONARY VOLUME 1).

"ANALYSIS: PSYCHOLOGICAL—The reduction to simpler conceptions of complicated mental states. THE DISCOVERY OF GENERAL PRINCIPLES UNDERLYING CONCRETE PSYCHOLOGICAL PHENOMENA." (DICTIONARY OF PSYCHOLOGICAL MEDICINE VOL. 1).

"ANALYSIS: The resolution of compound bodies into simpler, or constituent parts." (GOULD'S ILLUSTRATED DICTIONARY OF MEDICINE).

"ANALYSIS—Resolution of anything in its component parts; an examination to determine the composition of any given substance." (DUNGLISON'S MEDICAL DICTIONARY.)

"Analysis" is not generally used medically; its only application is with sputum, urine, etc. When material elements can be separated—then that's "analysis" medically speaking. Beyond that it has no further significance. We have taken a word that has no general or broad therapeutical value, put it within bounds of an anti-therapeutical science, broadened its meaning very much and placed thereon our own interpretation.

We have resolved MAN into his component parts, mental and physical, health and disease, natural and unnatural. We have further resolved cause and effect, located each so far as that knowledge could be provable and workable to end of improving man. In pursuing this course of analysis, some subjects much increase in relative value, others decrease. Importance of symptoms, diagnosis has decreased to nil. Necessity of locating CAUSE has reached the 100 per cent stage. A knowledge of latter ALONE accomplishes all desired—a knowledge of former ALONE accomplishes nothing. Contrast, in our opinion, needs no further elaboration.

Brain is seat or originating place of all power, force or energy. Spinal cord is great cable transmitter, nerves branching therefrom the smaller segmental distributors of life force. Its place of origin being mind, its product must be in keeping mental impulses. Origin being in brain, its place of expression, the organ, then life in all human being is in brain but is expressed at periphery—tissue cell. Life, physiologically considered, has a beginning at brain cell but has personification at tissue cell. Skull being a solid encased structure, spinal column being segmental, it would analytically, stand that possibility of any interference

of mental impulse manufacture would be nil. Spinal cord being entirely surrounded by segmental structure pieces, it would be more reasonable that should any one or more of these pieces get out of proper position, it would seriously hinder function of these transmitting bodies — spinal cord or nerves. Exit of its branches, being thru intervertebral foramina and possibility of those being decreased would lie in vertebral subluxation being increased, then it would be reasonably seen that THE CAUSE of all disease would lie in spine as there is only place wherein it was possible for a vertebral derangement to occur which would in any way produce a pressure or restriction of a hard substance around — as of bone or nerves. Without this hypothesis, it would be impossible to hinder flow of life from brain to tissue cell.

In hundreds, yes, many thousands of cases, subluxations have been analyzed, without Chiropractor having even slightest knowledge of what ailments patient might have, what had been diagnosed — but spine proved subluxation. This was sufficient. Chiropractor verified his work at every stage, carefully reverified, adjusted subluxation. In time his patient got well — at least THE PATIENT SAID he was well, and such physicians as again re-examined and re-diagnosed have said he was well.

Frequently physicians come back to us with "Very few patients have a sufficient knowledge of anatomy, physiology, symptomatology or pathology to know when they are well." 75 per cent of a diagnosis is made by patient describing his symptoms to his doctor. If patients are intelligent enough to give symptoms reliable enough for physician to pronounce a diagnosis, why aren't they sufficiently intelligent to tell when they DON'T feel those symptoms — are well? It's a poor rule that won't work both ways.

Analysis, as will be seen from foregoing, is a two-edged sword. First, it eliminates guess-work, eliminates error of wrong prescriptions and, above all, casts off AS UNRELIABLE all hypotheses upon which medicine rests in constantly living in garden-patch of decomposition, dissolution and diseases. Second, it makes every step of work absolutely accurate; it adds to our human facts; it multiplies our usefulness because we adjust, they treat effects. It goes even farther, it makes man a scientific thinking and acting machine and his corrections of deformities

and malpositions a scientific and accurate study, an essence to be relied upon at any and all times, under all conditions. It makes THE CAUSE of every disease, acute or chronic, a surface study, rather than a deeply emboweled problem.

DIAGNOSIS is guess-work, a sorceress witchcraft, philosopher's stone in the gloaming, always in demand, never being worked toward, hence never reached.

ANALYSIS is art, science and philosophy personified — it puts into man's head and hands the greatest possible benefit for good. He has a stock unlimited, without end. It gives a conclusion upon all questions and returns to man that which he always worked towards — health, happiness and life an eternal blessing.

We herewith, then, append our definition of analysis, Chiropractically considered.

ANALYSIS: — Resolving of functions, normal and abnormal, with their comparative quantities, back to location and character of their cause or causes, and the consideration of constituent manifestations of life involved; tracing or retracing of material abnormalities, forward or backward, to their source of Innate Intelligence origin; detailed segregation, step by step, of original principles from mental creation to physical expression or vice versa. (THE SCIENCE OF CHIROPRACTIC VOL. III PALMER 1908.)

Chapter 76

The Story Of LABORATORICAL FINDINGS AND INDUCTIONS Vs. CLINICAL FINDINGS AND DEDUCTIONS

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It is not often we come before you with a complete subject and when we do it must be as other faculty members under the circumstances open an argument — bring forth its phases — and close it. We appear before you in a morning, whereas the faculty member has a month in which to cover his ground.

There is one purpose you have for being here, one reason why we are. You study men — so do we. You have been seeing man differently; if you had seen him as we have, you would not be here. You come to get our viewpoints. It is not necessary to think all we do — where he came from, or where he is going. You are content to get our viewpoints of man while here. Man lives and we study his school of life. He is one of the living animals hence presents for us a good schooling. Man and the school in which he lives, is our daily theme, altho many constrict it.

When you and we were born, educationally we knew nothing — Innately we were wise. As time passed, we observed, saw things from new viewpoints. Whatever we centralize upon, we look at and analyze its divisions. We started where we knew nothing, and broadened as far as measured thought would allow. This morning we focalize this subject and see what it amounts to. METHOD of research of medical profession will be compared with PROCESS found necessary to elaborate Chiropractic.

Medical research is what it is because of certain findings in LABORATORIES, upon which branched certain laboratory inductions. Chiropractic is based upon CLINICAL findings, therefore clinical deductions. As to which is right we leave you to decide after we have presented the pros and cons.

Four terms will be used — Laboratory — Clinical — Findings and Deductions. Let us analyze these and see their significance.

Laboratory: — "1. Orig., the workroom of a chemist; hence a place devoted to experimental study in a branch of natural science, or to the application of scientific principles in testing and analysis or in the preparation of drugs, chemicals, explosives, etc., as, a chemical, physical, or biological laboratory; by extension, a place where something is prepared or some operation is performed." (Webster).

"Laboratory. A room fitted up with apparatus for conducting experiments (chemical, physiological and the like), making analyses, manufacturing drugs, etc." (Stedman's Medical Dictionary.)

A laboratory is a room or a series of rooms where every standard and criterion or process of reasoning is denied to things being reasoned upon or upon which reason is used. Man who conducts laboratorial experiment uses REASON in his process yet denies that process to things upon which he works. "I, a man, AM a reasoning being, yet that upon which I work in the laboratory, never reasoned, couldn't reason, had none of the wherewithal with which to reason. The matter is wood, animal or human — it did not think, it is composed of chemicals and materialities." Laboratory experiments with material agencies, when applied to other like agencies will attempt to induce a concrete disease to disappear in a known or unknown case. A certain agency, when given to a specific being, will try to cause a material disease to disappear. Dyspepsia is a material disease in a material man. If pepsin, (a material agency), were given to (material) man, (material) dyspepsia would disappear. It is virtually a question of materialities in combination and their results.

There are several kinds of laboratories: Laboratory in which CHEMICAL findings and inductions are reached; TOXICOLOGICAL experiments, as to what will and will not poison animals and humans; laboratory in which DISSECTION occurs in the interest of finding something material existing which was not known before; PATHOLOGICAL laboratory, where tissues are examined and verified as to size, weights and colors; laboratory in which BACTERIOLOGICAL conditions are being searched for cancer and other germs; in which animals are experimented upon — serums and anti-serums given to guinea pigs, cows, dogs, monkeys, etc., to see whether they develop certain conditions or

not; **PHYSIOLOGICAL** laboratory wherein certain chemical tests or tests of physics are demonstrated. A laboratory is where something indirect is used thinking to reach a conclusion on the direct. They work upon a cow — if it succeeds — form a conclusion as to what would work upon man. Laboratory work studies structure, forming a conclusion as to what it should be able to do. Laboratory would prove tubes were circular; that they wouldn't roll would be a conclusion as to what they would and could not do.

"Clinic. Instruction of a class of medical students by the examination and treatment of the patients in the presence of the pupils. B. The gathering of a number of students at a clinical lecture.... (Webster).

"Clinic. An institution in which medical attention is given to patients who live at home, not requiring hospital service. 2. An institution in which medical instruction is given to students by means of demonstrations in the presence of the sick. 3. A clinical lecture. (Stedman).

"Clinical. Relating to the bedside of a patient or to the course of his disease. 2. Noting the symptoms and course of a disease as distinguished from the anatomical changes. 3. Relating to a clinic." (Stedman).

Clinical, by way of definition, possesses all the contrast of that and introduces opposite. Clinic is where immaterialism enters everything materialistic; where very process of reasoning is admitted to be the method of procedure in elucidation. A patient comes, you don't know whether he is sick or not. He says he is. There is mental activity upon his part, and faith upon yours. Just the opposite of what is done in laboratory; there you take nothing for granted which can't be proven and seen. Ask patient in laboratory — there is none. Process of reasoning with patient is method used to illustrate facts. In a laboratory you have no patient to deduce with. In clinic you use ideas and facts of patient as being of value and encompass your personal deductions in connection therewith. You and patient do these things together. In laboratory you are alone, except as you have something indirect.

In laboratory expert can tell whether cancer or tumor, its character and from what organ. In clinic, diagnosis is based on information patient gives doctor. Questions are answered and upon strength of these comes approximate correctness of diagnosis, providing diagnosis be employed.

There is an attitude in a clinic of spiritual and physical co-operation between patient and doctor. There is that of patient, and spirit and body of doctor, and doctor and patient together are working to find effects as regards that case. Sympathy is expressed by doctor and confidence by patient and both are abstract; neither could be considered rational in laboratory.

Clinic aims to find abstract agency which, when successfully returned to body, will restore health in a known or unknown case. Here you deal directly with thing involved. You find that which is abstract, which is harmonious in restoring it to your patient. Clinical work studies function, normal or abnormal, therefore student is able to say what has been done or should be. It is not so in laboratory. There are nine or more laboratories but only one clinic.

"Finding: — That which is found, discovered, invented, come upon or provided; especially, that which a journeyman artisan finds." (Webster). If before germs, were not known, the microscope was made and by looking thru this, microbes were found this would be considered as a laboratorial finding. If the flesh of a patient was tender, the area red and inflamed and a subluxation found in that region, then that would be a clinical finding.

"Induction — Act or process of reasoning from a part to a whole, from particulars to generals, or from the individual to the universal; also, the result or inference so reached. By Aristotle induction, or epagogue, was treated as a subordinate form of reasoning, consisting, when perfect, of a complete enumeration of all the particulars comprised under the inferred generalization; hence called induction by simple enumeration. The great advance over this view was the inductive method, or philosophical induction, of Bacon, which consists in the INFERRING that what has been observed or established in respect to a part, individual, or species, may, on the ground of analogy, be affirmed or received of the whole to which it belongs. Such INFERENCE ascends from the parts to the whole, and forms, from the general analogy of nature, or special presumptions in the case, conclusions which have greater or less degree of force, and which may be strengthened or weakened by subsequent experience and experiment, but which, in the long run, by reason of repeated observations, will rectify themselves. Induction is the process by which we conclude that what is true of certain individuals of a class, is true of the whole class, or that what is true at certain times will be true in similar circumstances at all times." (Webster).

"Deduction — Act or process of deducing; mediate inference in which the conclusion follows necessarily from a full understanding of given data or propositions; — contrasted with induction. (Webster).

If patient feels well, retires by an open window, in morning has "cold," then a laboratorial deduction would be that "draft caused the cold, heat applied would relax muscles and patient might be cured." If case comes to Chiropractor and makes same statement of fact, Chiropractor analyzes, finds a subluxation, adjusts it and patient gets well—it is a clinical deduction to say subluxation was cause as subsequent facts prove.

We have used the word "finding" in this connection, because finding is an established fact. A microbe is a finding and cannot be denied. A laboratory finding therefore is that which has been found in laboratory not found in any other place or way. Without laboratory we would not have known a tissue cell or electrons, etc. It is but logical that as microscopes of higher power are made so will they find material forms not heretofore known; as telescopes of greater power are manufactured so will we know contents of other planets not understood. Findings are logical and consistent, it would be folly to deny these.

We used word "deduction" because it is interpreted to mean one of two things. It is a definite conclusion reached and used as a working hypothesis upon which to reach further findings.

For example: Laboratory experts have examined sputa of tubercular patients. They have found tuberculosis bacilli—this is the finding over which there is no dispute; then comes the laboratory induction that, because germs are there AND NO OTHER CAUSE IS KNOWN, they cause tuberculosis in which they were found—over this induction there is considerable dispute. They claim the finding causes disease; we say the finding is a scavenger to disease produced by other causes now known.

Let us take laboratory thought into other planes. Assume, an artist works in laboratory. He theorizes about what he expects to do after he secures his paints. Inventor would dream about invention when he got ready to assemble materials. Architect would plan and change his plans again and again when he found they did not work. There have been many theories evolved in laboratories that were perfect paper successes; but when started to work on real, they failed. We have had experience in that line.

There have been seven Hy-Lo table patterns. Every one was a paper success, but when tested they were complete failures. Only

table that never got on paper was the one that came true — table we have now. Laboratory Hy-Los were theories but clinical Hy-Lo was a reality.

Supposing these comparisons were taken into clinic where ideal of the real was worked upon. Sculptor would work from a mold and artist from a model. Inventor would experiment upon invention. Architect would build with materials and know he was right.

People who work in laboratories do so with a certain theory; they have methods of procedure. Laboratory tests are made under working hypotheses.

First — “To work from unknown to known” — contrary to our pedagogical conclusions. They assume today, that a germ causes cancer. They don’t know it, but they hunt for *prima facie* evidence to prove that it does. Second — They argue that “to know how to do is to be able to do,” therefore they try to find how to do. If they once find out, they will tell us, and they use the laboratory to that end. Third — They multiply or subtract material elements until desired consistency is resurrected or vanished (to meet his comprehension). That is a part of use to which they put laboratory. Fourth — They assume a theory, then attempt to prove it by **ELIMINATION** of those things which cannot work. All that work with it, they gather. This is a process of subtraction of real.

Laboratorial method is to take a part of a subject and believe that represents what whole would do. They establish fact, then force everything else to it.

Clinical theory is antipodal, in fact its opposite. As we give these distinctions, you must make application to clinical problem as you know and have observed — see if it is true.

First — To work from known to unknown. You know there is a subluxation, you know you adjust it, then unknown quantities of disease and health, life and death, begin their play.

Second — To be able to do is to know how to do. You are able to adjust subluxation therefore you can tell how to do it. Quite frequently a definite result is attained by accident, and later repeated intentionally because of having been done once.

Third — To so make possible a rearrangement of disarranged parts to end that elements present can be equally distributed. This has been one principle of clinic.

Fourth — Assume facts and prove their origin by analysis of elements that make entire object what it is.

Fifth — Clinical method is to take entire subject and then know that all parts are in direct relation each to other to make the whole. They establish facts and everything is in harmony by way of relationship.

Therapeutically speaking, you ask questions, patient answers, you form an opinion, diagnose case, which leads to a study of chemical elements in excess or lacking; then the study of what will dilute or increase; then follows prescription of that which is believed will accomplish desired end. Laboratory leads to chemist, chemist to physician, physician to operating room, latter leading to cemetery.

Chiropractically speaking, we start with assumption that subluxation exists, analyze location, determine its approximation and adjust it, leading to delivery of returned health. These are clinical conclusions upon which we work.

We have referred several times to laboratorical findings and laboratorical inductions, also clinical findings and clinical deductions. Distinction is made.

A microbe is a laboratorical finding, he never was and cannot be found outside of laboratory. Altho existing clinically it cannot be proven, except theoretically. Clinically we are not denying the finding, but when the laboratorical induction is reached that "we have found the microbe and because we know no other cause of disease, he is it"—this is an illogical laboratorical induction which the clinical deduction can not sustain. Laboratorical finding is correct but laboratorical induction is wrong.

In our clinics, we find a subluxation; this is clinical finding. Subluxation makes intervertebral foramina smaller. This decreases diameter and circumference of lumen, produces pressure upon nerves, limits their carrying capacity, interferes with even and continuous flow of mental impulses from brain to tissue cell, hence makes an abnormal effect at periphery. Former is surely correct, latter a clinical deduction. Finding is true—whether

deduction is correct or not must be tested by application of reversal of conditions involved. If reduction of subluxation was accomplished and results disappeared, working under this hypothesis, it would prove our clinical deduction was correct.

As proof of statement just made, let us quote this article from The Canada Lancet of June, 1916. It will be noted that essence of this article, by way of its insertion here, is contained in the last line — “. . . FOR THE ACTUAL TEST ON MAN DECIDES THE TRUTH OF THE THEORY.” In other language, it takes the CLINC to prove TRUTH. Any laboratory can tell untruths, as evidenced by his comparisons of germs causing disease.

“TESTING THE GERM THEORY ON HUMAN BEINGS.

“Editor Canada Lancet,—

“The Germans are largely responsible for two widely accepted theories, viz:—

“1st. That their army is invincible.

“2nd. That disease is caused by germs—both theories have been challenged by Canadians. The reasons for questioning the germ theory are mainly three, viz:—

“1st. The divergent views of bacteriologists as to which germ caused the disease.

“2nd. The stronger claim of the bio-chemic theory.

“3rd. The absence of germs at the onset of disease (as the following sample cases show.)

“(a) A man crossing a river broke through the ice, was rescued, later became ill, and the doctor, fearing pneumonia, tested for pneumonia cocci—there were none present; when the pneumonia developed they appeared.

“(b) After an oyster supper some men had cramps and diarrhoea, followed by typhoid fever—no Eberth bacilli were present in the first stools but were present later.

“(c) Hurrying, a girl arrived at her shop sweating; as the shop was cold, she became very chilly; next day complained of a sore throat, but no Klebs-Löffler bacilli were found; later, when a diphtheritic patch appeared, the bacilli were present.

“Here in each case the bacilli followed the onset of the disease.

“Believing that the above germs were the result and not the cause of the diseases, tests of the germs of diphtheria, typhoid and pneumonia were made.

“The first test was whether the Klebs-Löffler bacilli would cause diphtheria, and about 50,000 were swallowed without any result; later 100,000, 500,000 and a million and more were swallowed, and in no case did they cause any ill-effect.

"The series of tests was to decide whether the Eberth bacillus would cause typhoid, but each test was negative; even when millions were swallowed. The third series of tests showed that one could swallow a million (and over) pneumo-cocci without causing pneumonia, or any disturbance.

"The investigations covered about two years and forty-five (45) different tests were made giving an average of fifteen tests each. I personally tested each germ (culture) before allowing the others to do so; and six persons (3 male, 3 female) knowingly took part in the tests and in no case did any symptom of the disease follow.

"The germs were swallowed in each case, and were given in milk, water, bread, cheese, meat, head-cheese, fish, and apples—also tested on the tongue.

"Most of the cultures were grown by myself—some from stock tubes furnished by Parke, Davis & Co., and one tube furnished by the Toronto Board of Health through one of their bacteriologists.

"As the tests were carefully made, they prove that there is not the danger from germs that bacteriologists claim; they also may stimulate other Canadians to undertake further experimental work, for the actual test on man decides the truth of the theory." Jno. B. Fraser, M.D., C.M.

"Laboratorically speaking, a tissue cell can be put under a microscope, it shows no activity, the microscopic laboratory induction is that it is nothing more than what it represents. What more does it represent than cellular walls? The chemical laboratory names the chemical elements, found, hence it represents walls, skeletal frame and chemicals—the laboratory induction is—it has no life and never did have any is sustained. Their findings and conclusions are not consistent.

"Assume a case has been poisoned, the clinical findings include the vomitus which matter is transferred to the laboratory. Here the character of the poison is investigated, a laboratorial induction made that certain antidote of opposite character is necessary to remove the first poison—such induction is not rightly based.

"In the laboratory, the following ideas have been enlarged. Dissection, Chemistry, Bacteriology, Physiology, Diagnosis, Urinalysis, Toxicology. Dissection as in surgery, Chemistry, giving origin to new combinations of materia medica. Bacteriology to find in impregnable man the microbic cause of his disease. Pathology to identifying disease by saying that if a certain tissue construction is of certain color, size, weight, consistency, it is a fibroid cancer, etc.

"Physiology is one of those misapplied theories, e. g., take a frog's leg, attach electrodes at opposite ends, turn on electricity, if it jumps it contracts, if it doesn't, it can't, this forms an induction that if the dead frog's leg was in a live frog then that which would have moved it if in the living animal is a form of electricity for electricity moved it when dead, hence electricity would move it if alive, the action being reflex in the dead, so is it in the live.

"Diagnosis is another far-fetched conclusion. Symptoms are gleaned from the clinic, but diagnosis is based upon authorities who are weighed carefully in the laboratory of the library. Should authors differ, diagnosis changes accordingly; writers are the standby, not clinical findings.

"LABORATORY 'DON'TS.'

"The Laboratory News gives the following timely 'don'ts' for the guidance of general physicians in the use of the laboratory:

"Don't expect the laboratory alone to make the diagnosis, prognosis and suggest all the treatment of a case. The laboratory does not pretend to push aside clinical symptomatology." The Medical Brief, Jan., 1915.

"LABORATORY DOCTORS.

"The Wassermann Laboratory is equipped with every facility to aid in the diagnosis or exclusion of specific infection, active or latent. Wassermann reactions, dark field examinations, lumbar puncture, provocative, intravenous injections, etc." Thos. MacRae, M. D.

"SCIENTIFIC MADNESS.

"Letter received announcing the re-opening of a diagnosis laboratory. It is taken for granted that physicians are incompetent to diagnose their cases and he is now expected to hire so-called experts to tell him what name to apply to his cases. Oh, dear.

"The laboratory method has control, mostly, of professional men; simple, homely, common-sense diagnosis and treatment is seldom any longer available. It is a change, but not for the better; physicians and patients more and more fail to understand each other. The more technical the medical practice, the worse for both doctor and patient. Today it is 'infections,' 'reactions,' 'examinations,' 'punctures,' 'injections,' 'vaccinations,' 'exclusions,' 'inclusions,' 'diagnoses' by specialists and 'specifics'; all mostly meaningless, useless, hyper-scientific, costly, presumptuous, and all inferior to simple observation, good food, water, exercise and reasonable hygiene." (Health Culture, July, 1914.)

Toxicology is threshed within confines of laboratory notwithstanding that no two clinical cases are alike. In laboratory a set antidote is prescribed for specific findings. These are inconsistencies as a superficial application of same in clinic amplifies.

We want to be explicit, because we prove Chiropractic correct as far as it proves incorrectness of medicine by contrast.

We have recited laboratorial findings and inductions which change yearly, monthly and almost daily. Nothing fixed — nothing standard — nothing set. A wealthy son of a wealthy father made a model of Spinal Cord from Gray's Anatomy, believing him to be most accurate. Later, he changed again, to another

and he has been changing annually; finally he gave up all illustrations and made a model according to his inductions. You think anatomy, of all laboratorial inductions, is finished subject, it can't be wrong, isn't subject to improvement or correction; "haven't they dissected, seen and known whereof they draw?" Here, as in other laboratorial inductions, we see error in profusion. Therefore these findings and inductions are not set.

The world has been and is sick. Diseases of today are those of ancients. Severity has not been decreased and he who says that diphtheria, smallpox, etc., have been diminished, loses sight that for the disease we eradicate we give birth to another equally as bad or worse. That being true, RESULT of APPLICATION of laboratorial findings and deductions TO PATIENT is equivalent to universal FAILURE and we don't think any one will say that position is inconsistent. We are not denying laboratorial findings altho questioning laboratorial inductions. If findings were correct and inductions wrong — when applied to patient in clinic it has met with failure from beginning of time with that system until today.

Investigate Chiropractic clinical findings. Dissection — if our Clinical nerve tracing findings are true we have found a new and distinct nervous system not given, described or taught as anatomy. Chemistry is of no value, because clinical findings find it unnecessary and, in clinical deductions, find it dangerous, hence use neither prescriptions, potions, drugs, pills nor anything of like character that stimulates or inhibits.

If our position is correct clinically, bacteriology is wrong as to inductions, not as to findings; pathology as a finding, is true, but as a necessity to get patient well, is fallacious; physiology, as taught, is wrong because based on 99 per cent anatomy and 1 per cent activity superinduced by a combination of physics and chemistry, so life is denied according to percentage; diagnosis on gross cases is 50 per cent wrong and as high as 80 per cent on types, as deduced by their clinical findings and deductions and verified by the laboratorial findings and inductions. It is too far wrong for you and me to consider as bearing any scientific phase. This percentage is based upon Author Cabot, America's greatest diagnostician. As to toxicology, if our clinical position

be correct, its teachings are wrong. If you swallow acid, take its antidote. If clinical analysis be considered, it is immaterial that urinalysis be taken. What does it matter materially what is externally found?

Study clinical deductions by contrast. Who is there so inconsistent as to say that people are not LIVING units? According to physiological laboratorial induction there is no individual spiritually alive, because physiology accords no soul to you and me. Common-sense restrains us to deny that induction. Clinical deduction in brief is—all anatomy has Innate life—spiritual life works thru us in form of cycles. Cycles possess power of intelligence which has a common—God—source.

According to clinical deductions, anatomy can be disarranged—that disarranged anatomy can be palpated. Palpation of this discloses existence of vertebral subluxation. A vertebral subluxation, we maintain clinically, interferes with flow of intellectual life as formerly elucidated and cycles, intelligence and even God in its expression thru us are made manifest in the disorganized effects for which laboratory was given birth. We maintain clinically, that these four steps, (in reality one), when interfered with, make for a minus or plus quantity of function, necessitating study of equations which prove that effects can be distant from where cause exists. Cause, when found, introduces its adjustment which when given and changed effect is watched, we clinically note that there is Intellectual Adaptation taking place. All these are clinical deductions—things that you have a common privilege with me to watch taking place today and tomorrow in our work. None of these could be proven in a laboratory, because you have not the patient to consider. Think what that means as a contrast.

Toxicology is study of poisons and their antidotes. If stomach is normal, clinically, it would reject poison coming into it. If stomach is not normal, then poison enters. Being nonresistant it is absorbed and carried thruout body. Thing to do, clinically, is, by adjustment, get stomach to normal tonus rejecting that which is poisonous.

Cause when perverted induces change as in disease. Cause when adjusted induces change as in ease. Clinical observation alone proves transformation from normal to abnormal and

disease to ease; as they come in proper form, character, degree and in time — all of which brings forth retracing. This can only be deduced in clinic.

We maintain further that anatomy is builded in transverse sections. Consider anatomy with its completed system of sections and man is a meric system.

Watch our next that because it will be carried thru all clinical deductions. It is a fundamental — in which the clinic bears us out — unite intelligence existing in human brain with demonstrated clinical fact of Intellectual Adaptation occurring in tissue pathological cell, and, when together, it will deny following laboratorial inductions and findings.

1st, reflex action; 2nd, "sympathetic" nervous system as a system of "sympathy" (Don't understand me to say that there are not these nerves. We are denying "sympathy." We would not deny a hose but if it was beer that went thru not water — we would deny that it was water); 3rd, physiological induction of cellular division, — karyokinesis; 4th, materia medica; 5th, therapeutics; 6th, pathological surgery; 7th, bacteriology as cause of disease; 8th, value of diagnosis; 9th, all anatomy as true; 10th, principle of antidotal toxicology; 11th, Wallerian degeneration.

Acknowledging power of Intelligence in tissue cell it brings forth, clinically speaking, what you and we in common can observe — Analysis, Chiropractic Orthopedy, Nerve Tracing — Serous Circulation — Responsive Action — Direct Nerve System — Cellular Expansion — Retracing — Rejection of Poisons, Palmer depletion and repletion, etc.

Clinical findings and deductions do not change yearly, monthly or daily. They are fixed because real — true. We are not studying things indirect and saying what we hope the direct will be. We study the direct and say what the direct has done and is.

Same world has been and is sick. World has same diseases it always has had and in same severity, but there is to be a change because clinical deductions are now utilized in preference to laboratorial inductions. When we apply clinical findings and deductions to patient, we have SUCCESS. World of future is to be better.

It is occasionally heard that we are not in a position to reach scientific clinical deductions because those most interested are not medical men, hence have no training with which to observe and are without experience. In refutation of this on May 1st, 1909, The P. S. C. began a tabulation of its cases that entered upon clinics only. This period shows 9,200 cases listed. This is so many people with all types of diseases, from head to toe, acute to chronic, "infectious and contagious," to those not so considered, all nationalities and colors — separate clinics being maintained for several of these as is obvious from their nature. This quantity is equaled by few places in the world, therefore sufficient to undo what effect such statements have made.

Statistics show that 75 per cent were chronics, coming after other professions have given them up as hopeless or incurable — many even to saying they could not live.

As a matter of record, statistics show that average stay was 4 months or 120 days, not allowing for holidays or vacations. Longest stay is one case of 18 months period and others to one or two adjustments in acute subluxations. 85 per cent have been dismissed well — a record upon which we prove accuracy of deductions made in this paper. 15 per cent left before we had proper opportunity to make calculations therefore don't know what might have been shown.

We have made bold statements against laboratorial findings and conclusions in favor of clinical findings and conclusions. We are not making them unguardedly when we say that laboratorial findings and conclusions are not consistent, reasonable or successful when applied to patient. We are making it even broader when we say further that clinical findings and deductions have brought forth almost a new art, science, philosophy and nomenclature and are successful. We shall not ask you to accept our viewpoints upon negative of this subject, but shall quote authors which show that they agree. As to positive of this, let our clinic and its results speak. We read first from La Tribune Medicale, A French Medical Magazine.

"A REVIEW AND FORECAST OF THE TREATMENT OF TUBERCULOSIS

By Louis Renton.

"During the past two years WE HAVE NOT MATERIALLY PROGRESSED in the treatment of tuberculosis. Not only HAVE THERE BEEN NO NEW DISCOVERIES, but some of the more recent forms of treatment,

at first heralded with much enthusiasm, HAVE NOW BEEN FOUND OF QUESTIONED UTILITY. This statement applies especially to the tuberculin treatment and to the serum therapy.

"The antituberculous serum therapy was introduced shortly after the antidiphtheric serum had proved so successful. It is based upon the principle of passive immunization obtained by the inoculation of antibodies prepared by some other organism but the antituberculous serums in the market DO NOT ATTAIN to this standard. In the first place they are furnished by animals that have not become immune to the disease, and, secondly, the hypervaccinated animals are incapable of dissolving the bacilli present in their own organisms but sometimes harbor them for months or years in a virulent condition, though, inert. Moreover, THE SERUMS ARE NOT PROPERLY STANDARDIZED, so the inconstancy of their action makes it difficult to determine in what cases to use them. On the whole they seem to have given the best results in the acute forms, and in the acute exacerbations of chronic forms. NOT MUCH IS TO BE HOPED from the serum therapy in its present status.

"SCIENTIFICALLY THE ACTION OF TUBERCULIN IS VERY INEXACT AND IT HAS REALLY NEVER BEEN POSSIBLE TO IMMUNIZE AGAINST DISEASE. Moreover, the local and general reactions which they set up RENDER THEIR ACTION UNCERTAIN. A favorable effect can only be produced when the organism is possessed of A CERTAIN AMOUNT OF RESISTANCE, to the invading bacilli, and tuberculin is therefore contradicted in the graver acute lesions.

"Lately a number of writers have united IN DISCREDITING the usefulness of tuberculin. Dluski has collected important statistics showing that its effects are not in any way superior to those obtained by the dietetic and hygienic treatment. Bernard and Halbron CONSIDER IT A DANGEROUS MODE OF TREATMENT, AS IT IS IMPOSSIBLE TO GAUGE ITS EFFECTS, especially AS IT HAS NO CURATIVE ACTION in the absolute sense of the word. Jousset has never observed either arrest or prevention of the tuberculous process following its use, and finally Schroder states that while it favors the production of fibrous tissue in the tuberculous focus, no appreciable gain in the length of life has been noted.

"Serum therapy and tuberculin treatment may then be regarded as steps of progress, methods promoting cure, BUT IN NO WAY AS SPECIFICS. At the present time the treatment of tuberculosis is still based upon the tripod, fresh air, rest and diet. The most useful adjuvants are remineralization, recalcification, heliumtherapy, opotherapy, etc.

"IF WE COULD ONLY UNDERSTAND the mechanism of the spontaneous cure, it would be a great step toward the solution of the scientific treatment of tuberculosis.

"Other investigators contend that it is only in chemotherapy that the solution is to be found. We have already tested, AND WITHOUT RESULT, a series of substances, from the irrepressible arsenic to the various calcium salts, employed in Robin's method of remineralization and Ferrier's recalcij-

fication; also radium salts have been used. Robin's and Ferrier's methods as well as the radium salts have a beneficial action on the tuberculous tissue and on the system in general BUT DO NOT IN ANY WAY AFFECT THE BACILLI, neither in culture nor in test animals."

"Probably the study of the ferments and of physiological chemistry OFFERS MORE THAN ANY PREVIOUS LINE of study."

"Several therapeutic possibilities arise from this knowledge. It is, for instance, POSSIBLE that by attempting to digest WAX the lipase in the digestive glands and their juices WOULD BECOME powerful enough to cope with the waxy envelope of the bacilli; or by introducing wax antigen into the animal organism wax antibodies may form."

"Fiessinger has given weekly injections of wax in oil to guinea pigs. In collaboration with Richet the author HAS ALSO ENDEAVORED to immunize animals by injections of wax, BUT WITHOUT RESULT so far. We have given wax by mouth to patients IN THE HOPE of augmenting their lipasic power, but IT IS YET TOO EARLY to judge of the result, and ATTEMPTS to obtain a modification of the bacilli by growing them on waxy media have been fruitless.

"It would PERHAPS be necessary to utilize the envelope of the Koch bacillus itself to obtain immunization.

"Lately Linden and Meissen have reported 90 per cent cures in experiment animal with Finkler's remedy. This is composed of a mixture of aniline dyes in combination with iodine and a copper salt. In man pulmonary tuberculosis and lupus especially showed great improvement and many cures. SUCH STATEMENTS, HOWEVER, NEED VERIFICATION.

"I repeat that until we have discovered A TRUE SCIENTIFIC METHOD OF TREATMENT it is difficult to judge of the value of any given treatment on account of the "normal coefficient of improvement," that is to say, every new mode of treatment, provided it be harmless, always gives satisfactory results AT LEAST IN THE BEGINNING, ON ACCOUNT OF THE PSYCHIC EFFECT. We can only speak of a remedy as antituberculous after its value has been proven by experiments."

"A REVIEW OF THE RECENT WORK OF THE PANCREAS IN RELATION TO DIABETES.

"The first suggestion that the pancreas constitutes an important factor in the pathogenesis of diabetes came from Lancereaux, who, however, FAILED to support his theory. It was only after Mering and Minkowski demonstrated that extirpation of the pancreas in animals was followed by symptoms of a grave form of diabetes, that investigators accepted Lancereaux's theory and continued experiments along this line. Dissenting views were, however, held by many, along this line, as for instance Ainsie, Sunner and Ture, who showed that no glycosuria DEVELOPED IN 26 DOGS OF 63 IN WHICH THE PANCREAS HAD BEEN REMOVED.

"Pfluger concluded from these results that pancreatic diabetes is caused by lesions of the nerves going from the duodenum to the pancreas, and

that these nerves PROBABLY regulate the secretion of an antidiabetic ferment. In other words, he THINKS that diabetes is of nervous origin.

"Pfluger HAS NOT been able to produce the same condition in larger animals, like the dog.

"Tiberti and Simaroni have removed the duodenum and the whole intestinal tract in both dogs and lower animals without diabetes developed. These experiments, they maintain, disprove Pfluger's theory of the nerve impulses from the duodenum to the pancreas. This gains further support by the experiments of Minkowski, who found that removal of the duodenum does not cause diabetes, provided the pancreas remains uninjured in the operation, or that pancreatic tissue be transplanted subcutaneously.

"It has been shown that subcutaneous transplantation of pancreatic tissue prevents the development of diabetes and that the disease becomes manifest immediately if the transplanted tissue is again removed.

"A number of theories have been advanced to explain these phenomena."

"SURGICAL TREATMENT OF EXOPHTHALMIC GOITER:

"SOME INTERNISTS' VIEWS AND SURGICAL EXPERIENCE.

"By Martin B. Tinker, B.S., M.D., Ithaca, N. Y.

"Over fifteen years ago a medical man, and not a surgeon, R. J. Moebius, of Leipzig, presented some of the strongest arguments yet advanced for the surgical treatment of goiter. Writing in 1896 he presented evidence to show that exophthalmic goiter produces a general systematic poisoning, which would explain all the manifestations of the disease; that cure under the usual medical measures is extremely doubtful; in nearly all cases improvement is only temporary, and that recurrence with advance of the disease is the rule; that partial excision of the thyroid removes the source of the poisoning and reduces secretion to a relatively harmless amount, and that there can be no question of the completeness and permanency of surgical cure.

"Osler, writing in the same year, prefaced his recommendations as to treatment by the statement that 'medical methods are extremely uncertain', and gave the results of operative treatment as known at that time. Although surgical treatment was suggested by these distinguished internists as long as fifteen years ago, very little had been done with the operative treatment of exophthalmic goiter in this country until five years ago. The first considerable series of operations undertaken in this country were then being performed. In the 1906 edition of Osler we find the following: 'After three months' careful treatment, if the patient is not better, the question should be considered of surgical treatment. Removal of part of the thyroid gland offers the best hope of permanent cure.'

"Osler's advice that surgical treatment should be recommended if the patient is not better after three months' careful medical treatment, if it

were generally followed, would save many lives and restore to efficiency many others who do not die. All who have seen the condition of many of these neglected cases will agree with Osler's further statement that 'much valuable time is lost in trying various remedies.' Sometimes this is the fault of the patient who refuses to accept the advice of a competent physician. Quite as frequently the physician is at fault. Remedy after remedy is tried for a period of months or years. Usually the patient gets discouraged FROM FAILURE TO GET ADEQUATE RELIEF and changes doctors many times, but each new physician as he sees the case for the first time HAS SOME NEW MEDICAL FAD to try and so the case goes on for years until the favorable time for operative treatment has passed."

"QUININE SULPHATE IN THE TREATMENT OF BASEDOW'S DISEASE.

"This remedy was first employed in goitre by Lancereaux and Paulesco (Journ. de med. et chir. prat., 1912), and after having given improvement in several cases BUT CURES IN NONE, IT HAS BEEN ABANDONED BY MOST THERAPEUTISTS. Sermensan gave it in very small doses daily for four months to a woman who had tried various treatments without relief. When small doses are not effective the drug may be pushed to its physiological limit.

"Taken together, these symptoms make up a picture with which we are all familiar. THE DISORDER IS NOT A FUNCTIONAL ONE. I CONFESS THAT I HAVE ALL A SURGEON'S SKEPTICISM WITH REGARD TO FUNCTIONAL DISORDERS. I DO NOT THINK IT RIGHT TO CALL A DISORDER A FUNCTIONAL ONE BECAUSE WE DO NOT HAPPEN TO KNOW THE ORGANIC LESION THAT CAUSES IT. IT IS NOT CONSISTENT WITH SCIENTIFIC WORK TO ASSUME THAT A THING DOES NOT EXIST BECAUSE IT HAS NOT YET BEEN SEEN.

"Some authors indeed have been so ingenious as to be able to diagnose the position of an ulcer in the stomach by the time at which the pain began. I do not know if they do so still, but I expect they do, FOR IF A POSITIVE STATEMENT, RIGHT OR WRONG, ONCE GETS PRINTED IN A BOOK IT APPARENTLY BECOMES IMMORTAL.

"HYPERCHLORHYDRIA. — The third symptom which I should like to discuss because of the frequency of its presence in cases of supposed ulcer of the duodenum is what is known as hyperchlorhydria. I am not quite sure that I understand all that is implied by this word, or that physicians who make use of the word are agreed among themselves as to its exact significance. Etymologically I have no doubt, from the high authorities that use it, it is quite correct, and there is no doubt that any layman who is told that he is suffering from a complaint WITH SUCH A NAME MUST BE DULY IMPRESSED THEREBY. BUT I CAN NOT FREE MYSELF FROM THE UNEASY SUSPICION THAT THIS IS ONE OF THOSE LONG AND IMPRESSIVE WORDS THAT ARE COINED FROM TIME TO TIME, IF NOT FOR THE ACTUAL PURPOSE OF CONCEALING WHAT WE DO NOT KNOW, AT ANY RATE POSSESSING THAT EFFECT. IT DOES

NOT MATTER SO VERY MUCH, PERHAPS, IF IT ONLY HIDES OUR IGNORANCE FROM OUR PATIENTS. THE DAYS OF THE EARLY VICTORIAN PHYSICIAN HAVE NOT GONE BY YET, AND FAITH, OR WHAT WE TERM SUGGESTION, STILL PLAYS A GREAT PART IN TREATMENT. BUT IT DOES MATTER A VERY GREAT DEAL IF IT CONCEALS OUR IGNORANCE FROM OURSELVES, AND OF THAT I AM AFRAID THERE IS SOME DANGER."

As preposterous as it seems a book purporting to reasonably teach LIFE, denies its existence. Even a child concedes this, but it takes scientists to scientifically deny this simple premise. For fear you might think we are far-stretching facts, we quote entire that portion of Preface. Let us not overlook that, in a Preface, an author presents his foundation or working plan, the outline upon which his book is written. This quotation is from Kirke's Physiology 21st Edition and has been deduced in laboratory.

"But PHYSIOLOGY is not only intimately related in this way to its sister science, ANATOMY, but sciences of CHEMISTRY AND PHYSICS must also be considered. Indeed, PHYSIOLOGY HAS BEEN SOMETIMES DEFINED AS THE APPLICATION OF THE LAWS OF CHEMISTRY AND PHYSICS to life. That is to say, the same laws that regulate the behavior of the mineral or inorganic world are also to be found operating in the region of organic beings. If we wish for an example of this we may again go to the eye; the branch of physics called optics teaches us, among other things, the manner in which images of objects are produced by lenses; these same laws regulate the formation of the images of external objects upon the sensitive layer of the back of the eye by the series of lenses in the front of that organ. An example of the application of chemical laws to living processes is seen in digestion; the food contains certain chemical substances which are acted on in a chemical way by the various digestive juices in order to render them of service to the organism.

"The question arises, however IS THERE anything else? Are there any other laws THAN THOSE OF PHYSICS AND CHEMISTRY to be reckoned with? IS THERE, FOR INSTANCE, SUCH A THING AS 'VITAL FORCE'? IT MAY BE FRANKLY ADMITTED THAT PHYSIOLOGISTS AT PRESENT ARE NOT ABLE TO EXPLAIN ALL VITAL PHENOMENA BY THE LAWS OF THE PHYSICAL WORLD; BUT AS KNOWLEDGE INCREASES IT IS MORE AND MORE ABUNDANTLY SHOWN THAT THE SUPPOSITION OF ANY SPECIAL OR VITAL FORCE IS UNNECESSARY; and it should be distinctly recognized that when, in future pages, it is necessary TO ALLUDE TO VITAL ACTION, it is not because we believe in any specific vital energy, but merely because the phrase IS A CONVENIENT ONE for expressing something THAT WE DO NOT FULLY UNDERSTAND, something that cannot at present be brought into line with the physical and chemical forces that operate in the inorganic world.

"But just as there is no hard-and-fast line between physiology AND ITS ALLIES pathology, anatomy, physics, and chemistry, so also there is no absolute separation between its three great divisions; physical, chemical, and so-called vital processes have to be considered together.

"Physiology is a comparatively young science. Though Harvey more than three hundred years ago laid the foundation of our science by his discovery of the circulation of the blood, it is only during the last half century that active growth has occurred. The reasons for this recent progress come under two headings; those relating to observation and those relating to experiment.

"The method of observation consists in accurately noting things as they occur in nature; IN OTHER WORDS, THE KNOWLEDGE OF ANATOMY must be accurate before correct deductions as to function are possible. The instrument by which such correct observations can be made is PAR EXCELLENCE, from the physiologist's standpoint, THE MICROSCOPE, (which never saw life) and it is the extended use of THE MICROSCOPE, and the knowledge of minute anatomy resulting from that use, which has formed one of the greatest stimuli to the successful progress of physiology during the last sixty years.

"But, important as observation is, it is not the most important method; the METHOD OF EXPERIMENT is still more essential. This consists, not in being content with mere reasonings from structures or occurrences seen in nature, but in producing ARTIFICIALLY changed relationships between the structures, and thus causing new combinations that if one had waited for NATURE HERSELF TO PRODUCE MIGHT HAVE BEEN WAITED FOR INDEFINITELY. Anatomy is important, but mere anatomy has often led people astray when they have tried to reason how an organ works from the structure only. Experiment is much more important; that is, ONE TESTS ONE'S THEORIES by seeing whether the occurrences actually take place as one supposes; and thus the deductions are confirmed or corrected. IT IS THE UNIVERSAL USE OF THIS METHOD THAT HAS MADE PHYSIOLOGY WHAT IT IS. Instead of sitting down and trying to reason out how the living machine works, physiologists have actually TRIED THE EXPERIMENT, and so learnt much more than could possibly have been gained by mere cogitation. Many experiments involve the use of living animals, but the discovery of anaesthetics, which renders such experiments painless, has got rid of any objection to experiments on the score of pain."

Our next quotation is from "The Internal Secretions and THE PRINCIPLES OF MEDICINE" by Sajous. Subject is broad, title such as we have under discussion, author the greatest upon subjects he deigns to discuss. His two volumes are greatest of their kind, past and present. It covers four main divisions of medicine, viz.: "Physiology, General Pathology, General Therapeutics, Im-

munity." We turn to HIS Preface and see what foundation may contain, thinking he will open a clue and give more light. Note carefully his discussion of relative values between laboratorial and clinical work.

"The present status of Medicine precludes any apology for the publication of a work such as this. Professor Sollmann, a prominent member of the Council of Pharmacy of the American Medical Association, wrote, only this year (1908): 'A generation ago therapeutics was an art, promising to develop into a science. At present it cannot be classed as an art, nor as a science; it can only be classed as a confusion.' Indeed, Osler's public declaration that of the action of drugs 'we know little' though we 'put them into bodies the action of which we know less', sustained by Llewellys E. Barker's estimate published about the same time, 'that drugs of unknown physiological action cannot conscientiously be set to act upon bodily tissue in disease in which we are ignorant of deviations from the normal', involves the conclusion that our ignorance applies to disease as well as to therapeutics—IN A WORD, TO ALL THAT WHICH ENDOWS US WITH THE RIGHT TO ACCEPT, WITH ANY DEGREE OF SELF-RESPECT, THE CONFIDENCE WHICH SUFFERING HUMANITY PLACES IN US.

"It is not my purpose to take issue with these FRANK expressions of opinion. In fact, were I to do so, I would conceal similar conclusions reached nearly twenty years ago, when as editor of the 'Annual of the Universal Medical Science', it became my lot to collate, with the valued collaboration of many associates, the multitude of data, clinical and experimental, which were accumulating from year to year. Nor do they conflict with the prevailing estimate of the therapeutic worth of medicine among the best-informed medical men abroad. Skoda's dictum of several years' standing, 'that we can diagnose disease, describe it, and get a grasp of it, but we dare not expect by any means to cure it', has drifted along, on the ripples of time, until, hardly one year ago (1907), the president of a prominent British society, Dr. A. H. Brampton, found it opportune to declare that 'if any daring member has introduced a subject bearing on medical treatment, it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good-humored banter, and received by those sitting in the seat of the scornful with amused incredulity.

"NEVER, when it came to tracing a pathological condition, the effect of a remedy, the nature of a symptom, or any in fact, of the many phenomena which to us practitioners are of paramount importance in diagnosis or therapeutics, WAS IT POSSIBLE TO TRACE TO ITS SOURCE THE CHAIN OF EVENTS THROUGH WHICH A NORMAL FUNCTION HAD MORE OR LESS SUDDENLY BECOME ABNORMAL. Invariably was it found that either the physiologists had failed altogether to discern the nature of that function, or if an attempt had been made by them to explain it, that it was laden with so many INCONSISTENT AND OBVIOUSLY MU-

TUALLY CONTRADICTORY CONCLUSIONS that—although perhaps quite scientific in their eyes—it was more misleading than helpful in the explanation of the morbid condition analyzed.

"The late Sir Michael Foster also closed a study on metabolism in the last edition of his text-book with the statement that, apparently simple process through which the blood acquires its oxygen from the air in the pulmonary alveoli is at present unknown to physiologists, their gasometric experiments being, as stated by Pembrey, 'very discordant' and inadequate to explain 'the absorption of oxygen by the lungs.'

"Our first need to interpret intelligently gastro-intestinal infections, is a clear understanding of ferments. A most able physiologist, Benjamin Moore, wrote recently: 'Little is known regarding the chemical nature of enzymes, because all attempts to isolate them in a state of purity have hitherto failed'. Another authority, Halliburton, also writes: 'The process through which the digested food-stuffs are absorbed from the alimentary canal is quite as obscure.' Thus, Howell writes: 'The energy that controls absorption resides—in the wall of the intestine, presumably, in the epithelial cells, and constitutes a special form of inhibition which is not yet understood.' According to Beddard, 'we know nothing of the path taken by the products of proteid and carbohydrate digestion'. Howell also says: 'The form in which proteid is absorbed remains—a mystery.' Howell states 'The proteids of the blood, which are supposed to be so important for the nutrition of the tissues, are practically indiffusible, so far as we know. It is difficult to explain their passage from the blood through the capillary walls into the lymph'.

"The problem of nutrition is evidently no more solved by physiologists than those of respiration and tissue metabolism. The consequences to us are quite as deplorable.

"The third great question IS THE MANNER IN WHICH FUNCTION IS INCITED IN AN ORGAN. As shown by Claude Bernard, over fifty years ago, this is due to dilation of the arteries of that organ; more blood passing through it, it functionates. Notwithstanding considerable work done upon the problem ever since, THE MANNER IN WHICH THIS FUNCTION IS CARRIED OUT IS QUITE UNKNOWN. Naturally, to admit more blood into an organ, the nutrient arteries must be dilated. Now, in his summary of vasomotor actions, Foster, for instance, says, referring to the presence of dilator nerves in muscles: 'There is no adequate evidence that these vasodilator fibers serve as channels for tonic dilating impulses or influences'. While Landois, in the last edition of his text-book, holds that 'although a center for vasodilator or vessel-relaxing nerves has not yet been demonstrated, the existence of such a center in the medulla may nevertheless be suspected.' J. G. Curtis states that 'it is not known whether a vasodilator center is present in the bulb.' The actual state of the question is aptly summarized by H. C. Chapman, when he says: 'Though numerous explanations have been offered of the manner in which the vasodilator nerves act, it must be admitted that none of them are satisfactory, and that it is not yet understood how this stimulation causes dilation of the blood vessels.'

"Now, the bearing of this physiological process upon pathogenesis and therapeutics may be said to be limited only by the total number of diseases to which the human frame is exposed, since all disorders are functional or organic, and all organic diseases impair function at a given time. A possible exception suggests itself, namely, the nervous system. But here, again, the *deus ex machina* of the function as a whole, **THE NERVE IMPULSE, HAS REMAINED HIDDEN.** As Landois says, **'THE NATURE OF THE PHYSIOLOGICAL NERVE-STIMULUS IN THE NORMAL BODY IS NOT KNOWN.'** This accounts for the prevailing discouragement among the devotees of a great specialty, neurology, as expressed in the recent statement of a very diligent worker in that line, Joseph Collins, 'that we know very little more concerning the etiology, pathogenesis, **AND THE CLINICAL DISPLAY** of the majority of nervous diseases, organic and functional, than we did twenty years ago.'

"A great physiologist, Professor Pawlaw, of St. Petersburg, wrote a few years ago, stating that physicians had pointed out the existence of gastric secretory nerves—a question which, I may add, has been greatly elucidated, thanks to his own labors: 'Physiologists, on the other hand, had fruitlessly endeavored for decades to arrive at definite results upon this question. This is a striking, but by no means isolated, instance where the physician gives a more certain verdict concerning physiological processes than the physiologist himself; nor is it indeed strange. **THE WORLD OF PATHOLOGICAL PHENOMENA IS NOTHING BUT AN ENDLESS SERIES OF THE MOST DIFFERENT AND UNUSUAL COMBINATIONS OF PHYSIOLOGICAL OCCURRENCES WHICH NEVER MAKE THEIR APPEARANCE IN THE NORMAL COURSE OF LIFE.** It is a series of physiological experiments which Nature and life institute, often with such an interlinking of events as could never enter into the mind of the present-day physiologist, and which could scarcely be called into existence by means of the technical resources at our command. **CLINICAL OBSERVATION WILL CONSEQUENTLY ALWAYS REMAIN A RICH MINE OF PHYSIOLOGICAL FACTS.'** There are precedents, therefore, upon which legitimate belief may be based that the conclusions I have reached are sound."

Apropos of the general text of this article, following is an extract taken from Journal of The American Medical Ass'n., under date of March 29, 1913, from article of "Medical Education and Hospitals," by Arthur D. Bevan, M.D.

"The development of the science of medicine came with the birth of modern pathology and bacteriology and with rapid advances in anatomy, especially in histology and embryology, and in physiology and in the effort, just begun, to make a modern scientific pharmacology. These so-called laboratory branches of medicine have made great strides in the last thirty years. The development of these sciences has made the science of medicine possible. Acknowledging fully the great debt medicine owes

to these laboratory branches and without seeking to belittle them in any way, I desire to claim the highest place for clinical medicine itself, the science which utilizes the sciences of anatomy, physiology, pathology, bacteriology, pharmacology, chemistry, physics — in fact, all knowledge — in the effort to seek the cause of disease, to prevent disease, to cure disease, and to relieve the individual of suffering and deformity. I have sometimes heard my laboratory friends say that the only purely scientific side of medicine is the laboratory side, the research side, and once one of them said to me: 'What have the clinicians done to compare with the cure of diphtheria by antitoxin?'

"What have the clinicians done? Take but a hurried glance at medical history and you will find that the clinicians discovered vaccination, introduced anesthesia, and discovered antiseptic and aseptic surgery; a clinician, Ogston, even discovered the pus microbe; the clinicians have saved thousands of lives by a clinical study of the cause and cure of appendicitis, a work in which your own Reginald Fitz took a leading part. More lives are saved by modern surgery each year in appendix lesions alone than are saved by all the specifics so far discovered by the laboratory workers, including those for diphtheria, cerebro-spinal meningitis, and hydrophobia. Think of the thousands of lives that have been saved by the clinician through modern aseptic surgery each year! As a clinical triumph which compares favorably with the introduction of antitoxin in diphtheria, cerebro-spinal meningitis, and hydrophobia. Take the saving of 90 per cent of our cases of general peritonitis early operated on as compared with the former mortality of over 90 per cent; consider the splendid piece of clinical research work of Kocher in the surgery of the thyroid gland for which he received the Nobel prize; the modern kidney work controlled by the X-ray and other scientific means of diagnosis; the modern bone work made possible by the X-ray and aseptic surgery; and the stomach work, gall-bladder work, prostate work, etc.; and in the specialities think of the magnificent work that has been done in neurology, pediatrics, eye, ear, nose and throat, dermatology, orthopedics, in fact in every department of clinical medicine.

"I do not wish to make any unkind comparisons or to detract in any way from the splendid achievements of our laboratory colleagues. I do want, however, at the beginning of this discussion to insist that the patient, the living, human being with his diseases, is the unit about which the science of medicine is built; that the study of this living, human being is just as scientific as the study of a rabbit or a guinea-pig or a test-tube full of pathogenic germs; that the hospital and dispensary can and should be as scientifically conducted as the teaching laboratory; that clinical research is as scientific as laboratory research; that the highest type, the ultimate object of all medical research is clinical research in which the effort is made to discover the cause and cure of disease. I must insist also that the scheme of medical education must be directed by the medical man, the clinician, assisted by, but not controlled by, his colleagues in anatomy, physiology, pathology and pharmacology."

Following quotation is from Medical Brief — (December, 1911.)

"RELATION OF THE LABORATORY TO MEDICINE.

"A most interesting and instructive address was delivered at the recent thirtieth annual meeting of the Ontario Medical Association by Professor Norman Mac L. Harris on this subject, full of pregnant suggestions and SIGNIFICANT TRUTHS. Incidentally Professor Harris pointed out, what is so frequently overlooked by the teachers, and even the workers in medicine, the enormous debt incurred by medicine to the other departments of natural science — to chemistry, physics and biology, and even to that least natural and most arbitrary of all sciences, mathematics. BUT THE BULK OF HIS REMARKS WAS ADDRESSED TO AN ATTEMPT AT DEFINING AND DETERMINING THE EXACT ROLE THAT THE LABORATORY PLAYS IN THE PRACTICAL ASPECT OF MODERN MEDICINE.

"The speaker enumerated four prime functions fulfilled by the laboratory in its relation to medicine, namely, the inductive method of the impartation of problems in hand, and the opportunity for research and experiment. He believes that the didactic lecture in the course of the medical student, so far from playing the entire role as the imparters of knowledge, has in these modern days assumed the humble duties of handmaid to the laboratory course; and he commends it as fostering the spirit of research and perhaps even gaining some recruits for the task of serious investigation. He points out that the methods employed in laboratory work tend to cultivate in the student habits of accuracy, carefulness and thoroughness which are destined to last him throughout his career, whether as a physician or as an investigator. He emphasized the importance of an application of all that is known in the realm of exact science to the problem of medicine for this practical use of the laboratory. And finally he declares that the laboratory more than justifies its existence in constituting the great testing place of ideas and theories, whether coming from within its own walls or from those outside.

"With these characterizations of the laboratory we, in the main, must cordially agree, nor would we be supposed to offer the least criticism either of Professor Harris' subject-matter or of his way of presenting it. WE DO, HOWEVER, DESIRE TO POINT OUT THAT THE VERY ATTRIBUTES OF THE LABORATORY WHICH HE SPECIFICALLY COMMENDS (AND WHICH WE COMMEND TOO) HAVE EACH OF THEM AN EQUALLY SPECIFIC AND EMPHATIC DANGER. The cultivation of the inductive method of imparting knowledge, if carried to excess, DESTROYS THE POWER OF IMAGINATION WITHOUT WHICH ALL KNOWLEDGE IS BARREN AND VALUELESS. The cultivation of the powers of observation, to the EXCLUSION OF THE FACULTIES OF LOGICAL ANALYSIS LEADS TO A SLAVISH DEPENDENCE UPON THE BONDAGE OF SHEER FACTS AS THOUGH FACTS OF THEMSELVES REPRESENTED THE TRUTH. THE RIGID APPLICATION OF THE LAWS OF SCIENCE TO PROBLEMS IN HAND, IF PRESSED TO EXTREMES, SHUTS OUT OF CONSIDERATION THE "UNKNOWN" FACTOR WHICH ENTERS INTO EVERY PROBLEM OF MEDICINE.

And the spirit of research and investigation, excellent as it is in its proper place, is A DANGEROUS THING IN SMALL QUANTITIES BEING JUST ENOUGH TO DISTURB A PRACTICAL MIND AND NOT ENOUGH TO MAKE A GOOD INVESTIGATOR.

"The whole situation may be summed up in the comprehensive statement that the laboratory represents the inductive inductive viewpoint of medicine. Now the inductive method, in any department of knowledge and work, is a most useful and valuable phase, if one bears constantly in mind its limitations and dangers. BUT INDUCTION HAS NEVER CREATED A SINGLE IDEA WORTH MENTIONING. IT IS NOT IN THE NATURE OF INDUCTION TO BE CREATIVE. ALL CREATIVE MOVEMENTS HAVE BEEN DEDUCTIVE IN THEIR ORIGIN. THE CREATORS IN SCIENCE BIG AND LITTLE, HAVE ALWAYS BEEN THE MEN WHO HAVING MARSHALLED AND CLASSIFIED THEIR FACTS? HAVE SAID 'THESE FACTS DO NOT ACCOUNT FOR THE—SITUATION—THERE IS SOMETHING BEYOND THEM TO WHICH THEY ARE MERE CONTRIBUTORS OR FROM WHICH THEY SPRING.'

"The inductive aspect of things is, after all, a barren aspect. INDUCTION IS, IN THE END, MERELY A CHECK UPON DEDUCTION.

"Thus regarded, we heartily endorse all that Professor Harris, and others before him, have concerning the value of the laboratory in medicine. Our readers know that we have consistently and persistently advocated the utilization of the laboratory and its methods, both in and out of school. But we feel constrained to point out, as a certain great mathematician did of mathematics, that you can get no more out of the laboratory than you put into it."

"THE DOCTOR HIMSELF.

"'MATERIAL' INSTEAD OF SICK PEOPLE.

"We hear a new word in the mouths of so-called up-to-date doctors. It is 'material.' They do not speak of patients any more. They talk about 'material.' IN OTHER WORDS, THEY HAVE FORGOTTEN WHY PEOPLE CONSULT THEM. They are looking at the patient through a lens which sees only 'interesting' cases.

"THEY HAVE FORGOTTEN THE HUMAN SIDE OF THE PRACTICE OF MEDICINE. They have gone mad on latter-day science and view with scorn the 'old-fashioned' doctor who tried to sympathize with his patient, who views him as a sick man who needs not only an examination and the proper medicine, but a little human sympathy and consolation as well.

"This attitude is often engendered by a too long residence in a hospital by medical men who can not stand the grind and hurry of such work. THEY BECOME AUTOMATONS AND LOOK UPON EVERY CASE THAT COMES TO THEM AS SO MUCH 'MATERIAL' TO BE GONE OVER, TO BE SCRUTINIZED AND OFTEN TO BE EVEN DEPRIVED

OF MEDICINE WHILE AWAITING THE ONCOMING OF 'INTERESTING' SYMPTOMS.

"This frame of mind is only too quickly seen by the sick man and his relatives and friends and IS SIMPLY ANOTHER REASON WHY THE PUBLIC IS LOSING CONFIDENCE IN THE MEDICAL PROFESSION AND IS SEEKING RELIEF AND CONSOLATION IN THE MANY CULTS AND FAITH CURES THAT ARE SPRINGING UP ABOUT US.

"They are losing ground on account of this pernicious attitude. They are committing a grave error not only in so allowing themselves to assume this COLD BLOODED POSITION, but of encouraging the young men in medicine in the same way.

"The medical student apes the ways of his teachers, and we must confess that many teachers of medicine have become such 'material' doctors. Let us have a little more humanity and let it be so mixed with our scientific impulses that the sick may not have occasion to look upon his doctor as a scientific observer, but rather as a friend and helper.

"The day will be a gloomy one for the profession of medicine when they have all become 'materialized' as so many have already become. Throw off this bad influence and get back to the good old days when the doctor was the counselor, the medical attendant, the father-confessor and the prop and support of his clientele.

"Well people may be interested and eager to hear all about scientific medicine, but when they become sick they want no more talk on science, on 'material', or 'interesting cases;' BUT THEY WANT RELIEF. Let us give it to them. Doctors should remember that their function is to heal the sick. Stick to your bacon and administer comfort as well as medicine. If you do this, you will be thrice blessed. If you do not, you will soon find that as medical men you are marooned in a slough of failure, while your patients whom you regarded as material HAVE EITHER PASSED AWAY INTO ETERNITY OR HAVE BECOME THE CLIENTELE OF THE CHRISTIAN SCIENTISTS, THE EMMANUELISTS OR SOME OTHER CULT.

"THE PENDULUM HAS SWUNG TOO FAR INTO THEORY, there is no doubt about that, but it will soon reach its proper amplitude and the medical clock will keep better time than ever.

"The profession is evolving rapidly from the old to the new line of thought. What was shrewdly guessed at twenty years ago we are just coming to know. Just so far as science discloses truth and gives us the better way, it is good; BUT WHEN IT TAKES FROM US BELIEFS FOUNDED ON EXPERIENCE, EVEN THOUGH THEY MAY BE MORE OR LESS EMPIRIC, GIVING US NOTHING BETTER AND MORE TANGIBLE IN RETURN, IT BECOMES A CURSE

"HOW FAR IS MEDICINE A SCIENCE?"

"The question is often asked, 'Is medicine a science or an art?' And various answers are given to the question, according to the angle from

which the subject is viewed. Striking the mean between the two extreme views represented in these replies, it would seem that the true characterization of medicine is that it is partly a science and partly an art, and that those features of it which represent an art frequently take upon them the character of science. A PURE SCIENCE, OF COURSE, MEDICINE IS NOT, AND NEVER CAN BECOME. But that is raising a question far too nice for discussion in the pages of a journal of practical medicine.

"Indeed, the whole question is usually regarded as being of academic interest, rather than of practical moment. However, it is not, we think, so utterly devoid of practical, every-day significance as might at first blush appear. For, just as creeds have a great psychological influence in determining conduct, so the conception of his work which possesses the physician's mind will, to a large degree, determine the manner in which he does it, and its ultimate value to the principles and practice of medicine at large.

"IF SCIENCE BE UNDERSTOOD TO MEAN ACCURATE CLASSIFIED KNOWLEDGE, THEN IT MUST BE CONFESSED THAT MANY OF OUR MEDICAL AGENTS ARE NOT SCIENTIFICALLY PREPARED, AND MUCH OF OUR KNOWLEDGE OF DISEASE IS STILL CHAOTIC. The processes of disease are so subtle and intricate and its language so obscure, that only by dint of long observation, close reasoning, and hard work can they be properly interpreted and the application of the needed remedy be made with anything approaching uniformity. THE PHYSICIAN DOES NOT LIVE WHO DOES NOT MAKE FREQUENT MISTAKES IN DIAGNOSIS AND THEREFORE IN TREATMENT. But we do not think it can therefore be truthfully affirmed that medicine is simply an art, and can not become a science. The argument that our knowledge of disease and of medicines is the result of empiricism does not, in your opinion, demand such a conclusion.

"THAT MUCH OF OUR KNOWLEDGE—ALMOST ALL OF IT, IN PRACTICE—IS EMPIRICAL MAY BE FREELY ADMITTED. But it does not follow that because it is acquired in this way, our knowledge is not, and never becomes, scientific. The manner of acquiring knowledge does not, of itself, affect its scientific character. FOR THAT MATTER ALL THE KNOWLEDGE THAT THE WORLD POSSESSES WAS ACQUIRED BY EMPIRIC EXPERIMENTATION, AND A GREAT DEAL OF IT BY THE PUREST ACCIDENT. The principles of nature, which have prevailed from all eternity, have, to the extent of our knowledge of them been empirically discovered, AND MANY OF THEM BY MERE ACCIDENT. Yet no one ventures to question their scientific nature. So that any accurate knowledge which we may possess of disease and drugs may be equally scientific, in spite of the empirical manner of its acquirement.

"It is not how we acquired knowledge that determines its scientific or non-scientific character, but what we have done, and are doing, with the knowledge after it has been acquired. There's the rub. It is this consideration which lends the question its practical significance, and gives every practicing physician a personal, working role in the solution which

medicine presents to the query. If the doctor is content to accept each separate and isolated experience in his practice sheerly as an empirical experiment and let it go at that, then his calling will continue to be merely an art, and a poor art into the bargain, and his experience will contribute nothing of value to the growing science of medicine. AND IT IS TO BE FEARED THAT THE HABIT WHICH PREVAILS AMONG SO MANY PHYSICIANS (PROBABLY THE MAJORITY OF THEM) OF USING STEREOTYPED TREATMENT FOR DISEASES ACCORDING TO A PHRASEOLOGY AND NOMENCLATURE ARBITRARILY ARRANGED IS RESPONSIBLE FOR THE GENERAL ESTIMATION OF MEDICINE AS AN ART AND NOT A SCIENCE.

"The bearing of this remark is in the application of it, as old Commodore Busby used to say. The question for each physician to ask himself is not the academic question, Is medicine a science(?) but the intimate, personal question, Am I doing my part toward making medicine a science? MEDICAL SCIENCE IS YET IN ITS DAWN, and A VERY EARLY DAWN AT THAT. It behooves all physicians to study, closely and intelligently, the relation between symptomatology and drug therapy; to make careful records of his observations and experiences; to free himself from the fetish of nomenclature and phraseology and dig down for himself into pathology and pharmacology; and to do his part toward establishing the practice of medicine, even in its humblest relations, upon the foundation of scientific provings.

"DRUGS AND THEIR ACTION.

"It must not be understood that Dr. Sacks is arguing for therapeutic nihilism, or even skepticism. Rather, he is arguing against a fatuous therapeutic enthusiasm which attributes impossible virtues to drugs and fills the market and the records with all sorts of chimeric 'cures.' In this respect, scientific medicine stands in danger of degenerating into quackery; and Dr. Sacks' article is a kind of nugatory check upon this sort of drug fetish.

"In looking over a daily newspaper one may see on the same page an announcement of the launching of a new battleship and the report of a meeting of a peace committee. We read of nations sending delegates to THE HAGUE TRIBUNAL and at the same time placing an order for a few more dreadnaughts.

"We meet with the same conditions in the medical press. Volumes are written on the value of prevention of disease. Tuberculosis congresses convene all over the world, and pages are filled with announcements of the discovery of new remedies and cure-alls. The number of drugs and preparations increases so fast that it seems that the powerful armament to fight disease is many times more formidable than the armament to fight war.

"At present we have a committee of physicians, and pharmacists engaged in the revision of the Pharmacopoeia and the National Formulary will become enriched by several valuable additions, and a few more dozen remedies will receive recognition. THE NUMBER OF DRUGS THAT ARE

RECOGNIZED AND NOT RECOGNIZED IS SO GREAT THAT IT IS A MATTER OF SOME DIFFICULTY TO REMEMBER THEIR NAMES TO SAY NOTHING OF THEIR THERAPEUTIC OR EVEN PHYSICAL PROPERTIES.

"I do not propose to enter into a discussion of the value of various drugs such as are kept in the pharmacy to supply the daily demand, but I want to note here the fact that of the gorgeous array of bottles, jars and vials that are lined up on the shelves of the drug store, ONLY COMPARATIVELY FEW ARE ACTUALLY USED IN EVERYDAY PRACTICE. I had some bottles on the shelves that I had no opportunity to use for a period of ten years of activity as a pharmacist. Some glass stoppers became so much grown in with the neck of the bottle that in order to remove them it became necessary to break the container in order to get at the contents. OF WHAT EARTHLY USE ARE SUCH DRUGS KEPT IN STOCK FOR THE SAKE OF THEIR NAME IN THE DIRECTORY? Is it only to fill up the books with print, or to give working material for the student and teachers of medicine and pharmacy? IS IT ONLY TO FURNISH TO THE DRUG STORE AN ATTRACTIVE DISPLAY TO DRAW TRADE, OR TO SERVE AS A COLLECTION OF CURIOSITIES FOR A DRUG EXHIBITION? The modern pharmacist has recognized the fact that the thing has outlived its time; HE UNCEREMONIOUSLY RELEGATES THE TINCTURE BOTTLES AND THE SALT JARS TO THE BACK OF THE STORE AND UTILIZES THE VALUABLE SPACE THUS CREATED FOR THE INSTALLMENT OF A MAGNIFICENT SODA FOUNTAIN OR A DRY GOODS COUNTER.

"It is a general opinion among the medical and pharmaceutical professions that the U. S. Pharmacopoeia should be simplified. The foremost men in medicine are of the opinion that disease should be prevented or fought at its very beginning by means of hygienic measures and not by drugs.

"It is much easier to prevent death from tuberculosis by early diagnosis and timely hygienic treatment than to fill up the lung cavities with drugs.

"It is much easier to cure cancer by early diagnosis and timely surgical treatment than to cure it by means of 'specific' juices.

"Much has been accomplished lately by means of a specific serum. Diphtheria is cured by a specific antitoxin, and not by drugs. But how many diseases can you cure by means of specific drugs? And how many specific drugs do we possess, official or non-official? SALICYLATES FOR RHEUMATISM, QUININE FOR MALARIA, MERCURY FOR SYPHILIS. I DON'T KNOW OF MANY MORE.

"How many diseases can we cure by means of drugs that are not specific? THE FACT IS THAT THE MAJORITY OF ACUTE DISEASES CAN NOT BE INFLUENCED BY DRUGS AT ALL. THEY RUN THEIR REGULAR COURSE: THE PATIENT GETS WELL WHETHER YOU TREAT HIM OR NOT, AND VERY OFTEN IN SPITE OF THE TREATMENT, MEASLES, SCARLET FEVER, PNEUMONIA CAN NOT BE CURED; THEY CAN ONLY BE TREATED; AND THEN THE CON-

SCIENTIOUS PHYSICIAN DOES NOT TREAT THE DISEASE AT ALL, HE TREATS THE PATIENT. Have you any curative drugs for bubonic plague? How many cures have been accomplished by means of drugs in the cholera epidemics? In this respect a pound of carbolic acid does more good outside of the body than inside of it. And if carbolic acid were more freely used for external purposes there would be less demand for carbolic acid derivatives for internal administration, and we consume tons of it annually. A few simple remedies judiciously used are usually sufficient to tide a patient over some acute illness. IF, HOWEVER, WE COME ACROSS A FORMIDABLE DISEASE, VERY LITTLE CAN BE DONE BY MEANS OF DRUGS.

"I want to cite here a few instances which more than anything else illustrate the futility of drugs in the treatment of serious diseases. In the capacity of pharmacist I had a chance to follow up these cases from the beginning to the end, since, while the patient may frequently change his doctor, he invariably sticks to the same druggist to whom he brings all his prescriptions, and who is the patient's general adviser.

"Case I.—Mrs. B., aged 45, housewife, came to my store complaining of heart-burn. I advised bicarbonate of soda, which gave her temporary relief. Then I gave *Mist. rhei et sodae*, and after that she went to a physician who diagnosed the case as dyspepsia. A course of treatment followed consisting of various preparations of pepsin—official and non-official, ETHICAL and NON-ETHICAL. It made her worse, and she went back to my R. & S. mixture. She consulted many other physicians, who prescribed for her more drugs with similar results. At last she went to a specialist who began to wash her stomach daily, forbade her to eat, and prescribed some more medicine. As her condition grew steadily worse, she went to one of the great dispensaries in our city where a thorough physical and clinical diagnosis was made, and the case was found to be one of cancer of the stomach. The tumor was so extensive—there being involvement of the liver at the same time—the condition of the woman was so bad that an operation could not be performed, and death occurred shortly afterwards.

"Case II.—Mrs. P., aged 24, married, had two children; wife of a poor peddler. She began to have trouble with digestion—constipation alternating with diarrhoea; severe weakness, loss of appetite. She became a regular customer for home remedies at my drug store. My clerk sold her some beef, wine and iron. Finally she decided to see a doctor, who began to prescribe for her various remedies, such as *elivie alkali*, *elixir pepten-zyne*, etc. These and other remedies not doing her any good, she went to a specialist, who prescribed *ovoferrin*. She began to cough slightly, so bought a bottle of wild cherry and tar; then she tried white pine expectorant. The doctors gave her various mixtures of ammonium carbonate, ammonium chloride and thiocol. I lost track of her. Recently I met her husband, who told me that some charitable society had sent his wife to a sanitarium for consumptives, where she died.

"Case III.—Mr. K., 29 years, machinist, married. He had been working over some kind of a patent, and the strain of overwork and worry made him very weak. He lost his appetite, became thin and pale and had pains in his stomach. At the beginning he tried home remedies, but since he made good wages he liked to be treated by doctors. HE CONSULTED SEVERAL PHYSICIANS, EACH MAKING A DIFFERENT DIAGNOSIS AND PRESCRIBING DIFFERENT REMEDIES. Getting no relief, he consulted a professor of medicine who charged him ten dollars a visit, changing to another specialist who charged him five dollars a visit. After several (fourteen) visits to the latter, experiencing no relief from the stomach pumping, bismuth taking, fasting, etc., and having spent all his money, he visited the same clinic as patient No. 1. There, after being kept under observation for a short time, and careful examination having been made of his urine, the case was found to be one of diabetes mellitus; the stomach troubles being but secondary symptoms of the former disease.

"I could cite more cases of the same nature, but even these few will illustrate the FACT THAT EMPIRICAL DRUG TREATMENT IS OF SMALL AVAIL WHEN A PHYSICIAN MEETS A FORMIDABLE CHRONIC DISEASE. It also plainly shows that when a patient for some reason or other does not respond to treatment, the PHYSICIAN GROWS DESPERATE, LOSES HIS CONFIDENCE IN THE U. S. PHARMACOPOEIA AND AT ONCE RESORTS TO ALL KINDS OF DRUGS IN THE FUTILE ATTEMPT."

The following quotations are taken from the first two chapters of "Physiology of The Nervous System" by Morat. It can be said there are few equals upon this subject, Morat being regarded as one of the best. He opens his book with several chapters of philosophical theory of what man should be, viewing him as he does, while sitting before a desk, recalling man as he has seen him in the clinic, his logic is superb. The latter chapters are multiplications of series of experiments in various laboratories at his command. All former deductions are contradicted by latter findings and thus he flounders to the finish. We shall quote those ideas, from fore part, that sustain logical clinical positions that he as well as we consider. He attempts to prove laboratory inductions in clinic and frankly and honestly contradicts himself saying that "what is found in the laboratory is not true in the clinic." His book is a masterful product but sympathetic in his pleadings for consideration because he set out to do so much and falls so far short. He set forth to do that which no one before him had accomplished, viz.:—to prove laboratorial inductions in the clinic and establish truthful clinical deductions thereupon. His failures

are pitiable. He closes the book by literally saying — "I have written a mass of contradictions. What does it amount to? The pleasure I have gotten while doing it."

"In every living being A DOUBLE CURRENT OF MATTER AND ENERGY is present, running in a DEFINITE direction which never varies.

"The nervous system does not provide force, it utilizes it (transmits). It is the (Mental Intelligence) nervous system which decides at what moment the energy accumulated by the living being shall be liberated, in the nervous system all movement induces sensation, all sensation induces movement.

"THE RELATIONS BETWEEN CAUSE AND EFFECT which elsewhere seem so simple are here on this account extremely complicated and modified. The cause of an act cannot be in the future, but may be in the MEMORY of a previous act of the same nature remembered as being either USEFUL OR HURTFUL and which on this account determines the direction given to the movement. There must ALWAYS BE AN AIM, a general or particular tendency determined by the sensory nature of the LIVING being, but this aim is an effect and not a cause.

"A kind of natural area, common to both sciences, exists which the former endeavors to appropriate by pushing farther back the boundaries separating it from the latter.

"INNERVATION.

"In the living being all the phenomena appertaining to crude matter are observable, but the converse does not hold good. It is obvious that A BEING ENDOWED WITH LIFE POSSESSES CHARACTERISTICS AND PRESENTS MANIFESTATIONS FOR WHICH IN DEAD MATTER WE CAN FIND NO PARALLEL. Here is brought before our notice a fact of a PURELY INTERNAL NATURE, ELUDING OBSERVATION AS IT IS GENERALLY UNDERSTOOD IN SCIENCE, BUT WHICH COMMON SENSE CONSTRAINS US TO ATTRIBUTE TO BEING RESEMBLING OURSELVES, while at the same time denying it to all objects in which this resemblance cannot be discerned.

"This reciprocal link not only controls the relations of the LIVING being with all surrounding objects; it is also, and simultaneously, THE DISTINCTIVE FEATURE of its organization. From this double link, so frail in itself, and yet so intimate, proceeds THE UNITY OF BEING ENDOWED WITH LIFE.

"SENSIBILITY AND DETERMINISM.— A science having for aim the study of a being so constituted, SHOULD NEVER LOSE SIGHT OF THIS DOUBLE CHARACTER. How can that which IS INVISIBLE in the element become apparent in the whole? To these questions we can find no answer.

"In the past, and even at the present time, PHYSIOLOGY HAS OVERLOOKED, AND STILL OVERLOOKS, THE FACT OF THE BEING WHICH IT STUDIES POSSESSING SENSIBILITY; AND HAS IN EVERY CASE REFUSED TO ACKNOWLEDGE THIS SENSIBILITY AS A CAS-

UAL OR CONDITIONING INFLUENCE IN THE DETERMINISM OF VITAL phenomena. It has carefully arranged the balance-sheet of the forces of the organism, WHILE TAKING NO INTEREST IN THE FUNCTION which regulates their employment. AS PHYSICAL SCIENCE FINDS NO PLACE FOR SENSIBILITY, NEITHER HAS PHYSIOLOGY ACCORDED IT ONE. THE TIME SEEMS TO HAVE ARRIVED FOR A REACTION AGAINST THESE EXAGGERATIONS. In the living being, just as movement depends on sensation, so does sensation depend on movement. IN BOTH CASES THE NATURE OF THE LINK IS UNKNOWN TO US; BUT NONE THE LESS DOES THIS LINK EXIST, and is IN BIOLOGY THE FOUNDATION of all that distinguishes it FROM PURE PHYSICS.

"EXCITABILITY AND SENSIBILITY.—All living matter is excitable; or, to put it otherwise, it responds to actions directed against it, by an expenditure of the special energy WHICH CONSTANTLY ACCUMULATES INTERNALLY. This motor reaction is NEVER HAPHAZARD, but—and this fact is demonstrated by experiment—is always directed with the DEFINITE aim of preservation of life in the substance stimulated. Excitability is therefore not merely a motor manifestation, but is duplicated BY AN INTERNAL FACT OF RUDIMENTARY CONSCIOUSNESS. ACTION AND REACTION.—In other words, the LIVING being reacts against actions reaching it from the external world, and in so doing OBEYS A GENERAL, UNIVERSAL, AND INDEED FUNDAMENTAL LAW, one of the first enshrined in the physical code, A LAW, OBEDIENCE TO WHICH NO LIVING BODY IN NATURE CAN ESCAPE.

"The study of the nervous system is a kind of nodal point in the exposition of physiological science."

(This subject has been thoroughly covered in an article by Arthur M. Deitz, M.D., appearing in the Journal of The American Medical Association, September 23, 1911, entitled, "The Experimental Method"—and is known as Study 16, Lesson 4 of Dr. Palmer's series of Lectures and will appear by itself some day when this library is printed, although applicable here.)

Just a brief comment upon application of laboratory in our work. We have been twenty-one years in Chiropractic (1916). There is no other institution which can say so much about our work as ourselves. No other has had so much experience, gone thru birth and development as we. No other person can recite to you what we propose to do this morning, because no other has been thru its growth. You get the advantage of experience, age, labor, inventor—men behind. We do many things differently in our school, not only in Chiropractic but in all its steps. We do these because we originated the things, therefore, know

why. No one appreciates his invention as does the inventor. Many a patent is sent to patent office and is not understood — he who examines it thinks he understands, but he does not do it justice. We are not different to be peculiar or odd, but because our work is of that construction, and had it not been thus you would not attain results you do. To deny "peculiarity" is to obligate yourself to something wrong. Therefore, we take you step by step into changes which we have constructed, and show, under clinical instruction, that it became necessary, and later, give clinical findings and deductions. We want you to remember you are in our clinic, have been thru seventeen years and its various stages — therefore put yourself where we are today.

Imagine a case coming to your clinic. He TELLS and reasons how and where he is sick. He explains degree and character — all of which shows he is a REASONING being, has intellectual life. Now comes first dispute in contrast to that induction which has been learned in laboratory. There, physiological matter had no life, — in clinic there is. Chiropractically and clinically speaking then, first thing we observed seventeen years ago was people were alive — not dead. Every patient who goes to a physician is looked at by him — according to laboratorical inductions — as having no life.

M.D. looked thru a microscope, Chiropractor talked to his subject; one reached laboratorical induction based on laboratorical findings, other reached a clinical deduction based on clinical findings. Physician tells us candidly that our patient is all chemistry and physics. Chiropractor reasons that if a body is only large enuf for two elements and third comes, arrangements must be made in his every department to take care of third. Laboratorical findings of chemistry and physics are not denied but to these we add third consideration — spirituality — and now that third is blended into two it neutralizes each to a greatly modified state so that neither can assume such a dual grandiose state in science. It modifies viewpoint, value of function, manner of action and which precedes other in command and being the general. Call it soul, spirit, Innate or what you please — it does not change or deny its presence.

Laboratory weighs quantities present or not present in any structure. Clinic is solely a question of quality present or not.

All of life is a question of quantity of its quality; establishing of balance. Person who is sick is unbalanced; insanity is such a state. Sole question in all secretions and excretions is one of a balance in quantity. First and as a direct result, quality. When quantity is unbalanced then quality follows in like degree. It is impossible to have perfect quantity and imperfect quality. But, many are the cases where quantity is imperfect and quality is equally so.

Quality is immaterial when quantity is unbalanced. We care nothing about what laboratory proves as regards quantity. It may be right or wrong and mean nothing to clinician. Clinic will prove quantity and settle essential question as to what should be established to normal.

Can laboratory or clinic establish normal? No! Can a rule, a regulation, a law be established whereby laboratory can see, feel or know what is normal as to quantity? No! Each man is an expression of law unto himself. His Innate and his Innate alone knows what is normal to him, for him. Whatever laboratory may think it establishes as a normal quantity for one, could not be made to apply to any other, for no people are alike, living under similar circumstances; hence, no matter what standard was approximately established, it would not be exact, for next person would be different and under different circumstances.

Innate is alone the judge as to quantity. Quantity alone counts when health or dis-ease is desired or present. We can but clinically adjust man to his normal, then Innate establishes quantity after which quality follows.

Laboratory, peculiar as it may seem, takes something from body of patient, examines it and finds that which they had half been hoping they would find — and, usually we find just what we're hunting for. Having found it then comes the deduction that is the making of an idea for the case.

Clinic, by contrast, takes nothing from body, neither does it examine it but finds out what patient has to say about himself, how he feels, where, when and how; past and present. Having received history then comes deduction, that is, shaping of our ideas to what we have heard.

Laboratory takes a piece of goods, cuts it according to its width and length; stitches it together, makes a cloak, and then calls in a

woman and tells her this is her cloak notwithstanding the laboratory has never seen the woman. Cloak may be too large or too small, too long or too short. That is immaterial; it is HER coat and she must wear it because it was especially made for her by sight and measurements and facts unseen.

Clinic is tailor. He has his customer before him. He measures him, asks questions as to likes and dislikes, cuts goods according to preference and matches complexion, shape and form of his buyer; fits it several times before finishing job. Suit, under such circumstances, is a fit because it was made after consultation with the man. The man determined his suit and every particular in it.

The P.S.C. is a school of deduction — working from inwards outwards. Chiropractic is a result of deduction. Chiropractor, to be a success, should be a deductor of first quality.

. One of first deductions Chiropractic made was that man was a material, chemical AND SPIRITUAL being. Later, we found that life had specific paths, a definite place of origin, systematically arranged paths of conduction, regular place of origin, systematically arranged paths of conduction, regular places of expression which eventually became our CYCLES. As we took life into our study of man, it modified our viewpoints of him as a chemical and material thing. What was regarded as dual, divided and gave enough to make a triplicate. Addition of this clinical deduction changes laboratorial induction. It seems simple to think that this squabble is over one's denial and other's admission as to whether man is alive or not — yet such is science.

If that clinical deduction was true, then the very resolution thru which we put man was a fundamental altho, at that time, we could not say how important spirit was, how much matter was moved by spirit or how much chemicals were controlled, secreted and excreted by Innate Intelligence. Resolving of man into a triunity, rather than a biunity, was a process of ANALYSIS which henceforth became a primary study and took place of diagnosis. As we took on one, we lopped off portions of two. To know that three worked as a totality did not give us DETAILED insight, hence investigation was to be made to every organ and function, whether known or unknown including so-called "ductless glands," etc. No matter how complexed wrong laboratorial findings and deductions are, they are headed nowhere; but no

matter where clinical findings and deductions looked they were truth, even tho simple.

Having analyzed man as a living material chemical being, we found that he had, in common with all, one origin of life — God — which centered at his brain, and, if sick, expression was interfered with and that introduced the interruption — idea — somewhere. If ease was perfect flow of harmony from source to circumference, then disease was its interference WHERE this interruption was, and must be between source and expression which led to clinical method of PALPATION. Palpation, at first, was an idea; later it developed into a science. You can see how, in natural course of events, palpation had to be.

In our first clinical deduction we conceded that there was life; second, that life needed analyzing; and when thru, we found it passed thru an interference. Then came the logical thot: EXACTLY locate THIS PLACE of interruption. First patient had to come, under new clinical plan — it was Harvey Lillard. He had deafness. Its cause was located, adjusted, hearing restored. We were right — on this case. Other cases of deafness came — same location ascertained — same results. This strengthened facts. Having rightly located cause of ONE dis-ease, it was a question of pursuing same course for other dis-eases. This process was like entering darkest Africa — no man had been there, no one had set guide posts, land-marks or stakes. It was untraveled territory, inhabited by innumerable dangers. We were explorers into man, whom we thot we knew, only to find that he was just discovered and we were outskirting the coast line. It took us several years to accurately divide the spine, each vertebra to its respective area, thru which passed nerves that carried life from brain thru foramina. Repeated testing of findings brot forth deductions that proved themselves. From atlas to coccyx, each had its territory, zone or district that it was central or functional-operator in times of harmony or trouble. This divisional method of knowing which was which and where was where, was counted as a system, needed men who understand it; hence, its recordings, study and understanding were that of A MERIC SYSTEM.

We knew there was something specifically wrong in places found. What was that something? Palpation found it in gross but, what was it in detail? Having clinically divided man into an

intellectual mechanical schematic arrangement, it became necessary to use analysis to palpation ends to detect character of this mechanical disarrangement; and when found, it took the form of A VERTEBRAL SUBLUXATION. Having deduced clinical fact — did authorities agree? We could find none that mentioned such; on the reverse, hearing of our hypothesis, they would deny its possibilities. This also could only be proven in clinic. If it could have been a finding in laboratory, it would have been — it was not . . . therefore, it could not be.

Finding a screw loose, what was more natural than to tighten it? Seeing a plank loose, what was more natural than to fasten it? Seeing a carburetor not working, why not adjust it? Finding a mechanical defect in spine, what was more natural than it should be adjusted? If a chemist had found this condition he would have said "Having found a screw loose, what is more natural than to soak it in Apioline Cypridol;" or a surgeon to say "Seeing a plank loose, what is more natural than to cut out the plank and contiguous structures to keep them from getting loose also." As it was, the man who saw it first was not a chemist or surgeon but a layman mechanically inclined and his idea was to ADJUST subluxation, not to soak or cut. Clinical logic told us if anything is wrong, fix it; if a dislocation, set it; if a subluxation, put it in apposition. We did that and thru twenty-one years we have introduced over two hundred ways and means of correcting this to be able to teach to-day the specific recoil adjustment. There were those who were satisfied with a method of "cracking backs", "punching its bumps", etc. With us, it was a question of analyzing man until principle was deciphered, which when perverted made subluxation possible; and use THAT PRINCIPLE, inverted, to its correction. It was not complexity but simplicity; not superstition but a principle; not moves but ONE specific application that was right for all conditions. There is only one way in which every dislocation, fracture and subluxation occurs — exaggeration of natural movement; reversal of that corrects it. No fracture, dislocation or subluxation is produced slowly, it is always when Innate is off guard and with a quick recoil blow. Same is true of its correction, only retracing takes place. This adjustment could not have been introduced in laboratory. Before you could give an adjustment, you have to have a vertebrate with

a subluxation, it being a live total man we dealt with in contrast with dead sections.

Having corrected this mechanical disarrangement into a mechanical trueness, observing that effects which the patient previously said he had now were gone, question arose as to HOW this had come about. (We concede that patients who give symptoms to "irregulars" are mistaken, hypochondriacs, etc., but if those self-same patients went to a "regular" those same symptoms would be good enuf for him to make a diagnosis upon, prescribe and charge therefor. If patient's symptoms are good enuf to lead to diagnosis, they are good enuf to tell when well.) A is source — B interruption — and C effect. You adjusted B — thru what did C get the change and what was nature of that change? Was it stimulation? Did you do something never done before? You induced a change . . . how? It was for us to find that something that connected that interrupted place in back with organ where disease was. Nearer we struck right place in back, the more tender it was, especially if acute. As we pressed on RIGHT SPOT (in back) sensations would be felt at effect even tho in big toe. If you had a telephone receiver at ear and heard somebody talking you would analyze that somebody was at other end, location of which you did not know but wanted to — it would then be a question of TRAILING PATH OF WIRE. We started from where interruption existed, traced that feeling, sensitive, aching nerve to where effect was. Doing this with thousands of cases, in various and all parts of body for any and all diseases, in both sexes and colors, verified our meric system and taught (1) that either the present system of neurology was not complete and had not yet dissected all nerves that were or (2) we had discovered a complete set of functional nerves not heretofore known or considered in existence in man. New fibres were discovered, new paths for older fibres found and so on until we played havoc with that system more particularly known as "sympathetic" including cranial nerves. This eventually ended in NERVE TRACING, which today is a science. We found that new paths are quite regular although sometimes irregular.

At this interjecture, note that every progressive step made dove-tailed into every other part that followed. It is as if the building was entirely and completely planned before we dug the

cellar; in truth such was the case, we had man as our model to analyze; he was built perfect but nobody had observed him.

We now knew definitely that we connected where cause was to where effect had been — nerve tracing from effect to cause or cause to effect. But when this effect disappeared, what was it that brought about the change? Dis-ease was intangible, abstract, altho damage was observable in concrete and material; being immaterial what was that which was of like characteristics, that changed dis-ease to ease? There was solution because it occurred and was demonstrated in the clinic by words of patient, — that the pain which was, is not now. Changes do not happen, mysteriously occur, nor are circumstances controlled by nothing. They work under inevitable law — what was "the law" that caused these changes for which we could offer no explanation and for which no elucidation had been so far offered? Could it be that the law which made us, managed us in life, health and natural death also controlled us in health to sickness and sickness to health again? Innate Intelligence gave us continuous life. When that continuity was broken, life was on the zig-zag; broken life meant dis-ease, not ease. What was more natural than under adjustment this discontinuity between Innate and Thon's body was again continuous and ease restored? Process Innate used to change disease to ease was one of ADAPTATION to circumstances. Form would vary according to nature, degree, length of time standing, area involved, location, etc., of effects. INTELLECTUAL ADAPTATION occurred, wherein amount of life at tissue cell that was formerly wrong, was balanced with amount made for it in brain cell. Adjustment could be given to the live who were sick. Would they get well? Life then became an element of value following adjustment — we permitted it to be applied to tissue cell — where before it could not.

If our clinical results were attained, without anything that stimulated or inhibited function, then did stimulation or inhibition cure dis-ease? There was nothing in this simple, one-second, adjustment of subluxation that offered stimulation or inhibition. For constipation or diarrhoea — adjustment was same at same spot. Same was true of other contrasting dis-eases. If same move stimulated, in one case, how did it inhibit in its opposite? If it had a changed effect and Chiropractor did not work with that thot in mind and did not realize that one movement would stimu-

late and another movement exactly alike would inhibit, then did body make a stimulation of one and an inhibition of other? If so, has the body power to divert, direct and transform that which approaches it for healing purposes? If so, can the body thusly cure itself? Can same degree of push that sends boy down hill — pull him back?

Under medicine, functions are of two kinds: excess or minus. If in excess, an inhibitor is given with that of paralyzing action, thus reducing to what physician thinks it should be. If it doesn't come down enough, dose is increased, thus they experiment until they somewhere near reach that stage that necessary. Should action be below par, then a stimulant is given for purpose of quickening action, increasing it to what physician thinks it should be. If it doesn't quite reach that standard, then they increase dose until it reaches somewhere near standard they think it should be. Stimulation and inhibition are laboratorial inductions experimented with in clinic.

There is nothing in Chiropractic adjustment that aims to or does stimulate or inhibit function. It but places abnormal positioned vertebra into normal position, following which intervertebral foramina is opened and normal continuity of forces is RESTORED from where they were in abundance to where they were in minus; thus secret of health was found to be RESTORATION, not stimulation or inhibition.

Our patients would tell, in our clinics, how at one time they were hot, other times they were cold; that they urinated too much or too little; or some part was paralyzed and others moved too fast; or they had diarrhoea or constipation; or they had melancholia; and others were raving maniacs. Here was a contrast in expression, and where effect is in contrast so is there a contradiction in cause. "Like cause produces like effect," is working fact in logic — it must hold true here as elsewhere. If effect was different, then cause changed accordingly. Location proved to be same; for instance, constipation and diarrhoea had same location for subluxation as did Bright's Disease or diabetes or maniac and melancholic, etc., but fluctuation in effects gave another viewpoint. It was not necessary to use a laboratorial thermometer to prove rise or lowering of temperature — patient could and did so express feelings. Neither was a gallon necessary to

measure urine — patient was a good enuf criterion even tho his calculations could not weigh the dram. Even tho laboratory findings were true in such causes there were hundreds in which no test was possible as to degree of sanity or insanity, exact cellular size of tumors or how much rheumatic uric acid one had, compared with another. These were questions of relevancy considered only in bulk, but be considered they must, as they existed. Careful analysis showed that all sick were so because of an EXCESS OR MINUS of one function or more in combination. What was more natural then than this combination be studied as fluctuations of life action? When diagnosed, a name was easier if name was wanted; but why a name when its knowledge gleaned nothing? (Location of cause was deciphered under meric system because when patient told us clinically WHERE he felt bad we told him WHERE cause was.) What good were names when each case differed, demanding a different complexity — was not a knowledge of PRINCIPLE upon which ALL diseases were being produced of greater essentiality? Out of this theory of clinical elucidation came forth EQUATIONS. We introduced electrical illustration of resistance. Much resistance lowered amount sent thru nerve; lesser resistance, lowered function as in constipation. The less the subluxation, less resistance, the greater or heightened function as in diarrhoea. We can have only three degrees of electricity (1) just enuf; (2) too little; (3) too much. Same is true of life currents as transported thru nerves to our bodies. So, after all, only two diseases are possible in a human body, not thousands that physics and chemistry have been playing with for centuries.

When this fluctuation, up or down, is manifest, where quantity of disease is varied, what was more natural than we should say that disease is subject to quantitative degrees? Rather than study how patient felt and name it — we analyzed functions and referred to conditions by their equations rather than name. If a patient complained of wanting cold water and it felt good in throat or stomach — this indicated EXCESS HEAT, designated equationally as C plus, meaning caloricity in too great a quantity. Equations became a fact — C plus in head or C minus in feet. Understanding of equations added nothing to our knowledge of cause or use in correction but it elucidated symptoms upon which great stress was placed by physicians. Nothing was gained by

saying one form of C plus was 104, therefore was diphtheria; and another form, same location, was 101, hence tonsilitis.

This could only be proven in clinic — not in laboratory — for there all tissue is cold and is functionless, there is no plus or minus. All these were true in our observation of cases as they transpired.

We had cases of genu varum or genu valgum or various spinal curvatures. We adjusted vertebral subluxation; leg or spine straightened. We did nothing to leg — applied no instruments — but it straightened. Adjustment of cause of a deformity caused deformity to be no more and definitely assumed its normal shape, as did other deformities — out of that eventually grew, week by week, Chiropractic Orthopedy. Consider tibia and fibula. They possess a certain tensile strength and support a definite weight, which resistance is in ratio to burden of body above. If, by a subluxation and its consequential effects, this tensile strength is reduced, tibia and fibula will weaken and bend in ratio to their weakness, no more nor less. Deformity is in bones, but its incipient cause is in subluxation which, when adjusted, restores to bones their normal form by intellectual adaptation. Deformity has disappeared because its cause was adjusted. There is a marked distinction between Orthopedic Surgery and Chiropractic Orthopedy. Orthopedic Surgery uses whatever means, in whatever form deemed necessary, directly applied to malformity to force it into what is deemed its proper shape. Assuming their logic is good, as a means of correction, and ours good as to cause, then no matter what they did that straightened leg, our cause being existant the bones would go back to their former condition because there was nothing in what they did to give to these bones more tensile strength necessary to sustain load when braces or supports were removed even tho leg was then forcibly straightened. Chiropractic Orthopedy reversed procedure — adjusted cause, letting deformity regrow into shape with intellectual adaptive forces same as it grew crooked because of this self-same intellectual adaptation. We followed natural processes and fell back on them to undo what was done during their absence.

We found, under observations in our clinic, that people would say — “I have been sick for ten years — I have been taking adjustments for four weeks but I am suffering with attacks, the

like of which I have not had for eight years. I have them again in the same place and in the same way." Another case would say, "When I took sick, eight years ago, I had a burning in my stomach and I have not had that for six years, now I have it again." Having a large clinic, our observations became broad. There was no class of cases, sexes or ages that were exempt to this usual, general and peculiar line of observation. Attacks would return, vary as to duration but come they would. Time in which rebuilding would occur was much shorter than as it came. As certain symptoms came on, so would they return and pass away in methodical precision; they would not skip places or play hide-and-seek. In some cases this change would occur mildly altho they had a severe case, other mild cases would revert to health with severe and short attacks — changes were innumerable but come they would and could be expected. So prominent became our understanding that if we did not get changes, in one form or another, it became proof that adjustment was not being properly given in right place, or, it was beyond the power of the patient to cure himself. If we didn't meet this apparently discouraging feature to patient, it caused us to question even ability of Chiropractic to get results. What is more natural than as a case got sick, so will he get well, thus science of RETRACING? Retracing is in every case in OUR clinic. Order of procedure must be reversed to revert dis-ease to ease. Dis-ease is a matter of growth, it did not come on at once, neither will it go away the same — unless it be acute. Being chronic, it grew; to get well it must ungrow — time differing only. Watching this, in hundreds of cases for many years we learned to regard it as a scientific premise upon which to deduct progress or lack thereof. No Chiropractor's knowledge is complete without it nor can he be of the utmost service to his patient without involving it in daily practice from which his patients counsel. It is clinically reasonable and logical.

One afternoon we were called to a home. Father, mother and four children were laid out as if intoxicated — ptomaine poisoning. They had eaten canned tomatoes. We adjusted one specific place in each. In two minutes they were vomiting. Nature of foods eaten, how long ago they had eaten them, how long it took for poison to act, what portion was poisoned, or learning symptoms first then naming dis-ease would not have gained further

working knowledge of cause. Facts, as stated above, were learned after they were up — physician would be compelled to learn them first.

Reasoning is somewhat same as for Chiropractic Orthopedy. If stomach is in normal tonus, any poison received either thru food, drink or air, will be ejected with a virility that would astonish person not acquainted with facts. If resistance of stomach is below par then a solid poison can act according to degree of non-resistance. Suppose resistance is reduced 25 per cent, this leaves 75 per cent resistance. Suppose the poison introduced is 100 per cent. 75 per cent will be ejected because of the 75 per cent resistance and 25 per cent will remain because of 25 per cent non-resistance. Figures are hypothetical but illustration plain. If stomach does not reject solid poison (as liquids or foods) or lungs an obnoxious gas or skin an antitoxin or virus, it is because stomach, lungs or tissues do not possess sufficient resistancy with which to do so. Under adjustment, stomach, lungs or other tissues receive necessary forces and reject unnatural intruder. Chiropractors have, many times, caused organs to act within the minute in emergency cases. We would rather risk a patient to an adjustment, under asphyxiation, than to any drug; work out all water and use an adjustment, than any whiskey or stimulant as in drowning; risk adjustments in so-called infectious or contagious diseases, than to resort to toxins or viruses which are more dangerous than disease. For every poison your body intentionally makes its antidote, IF it can and channels are unobstructed for proper deposition. Forces within make all acids and alkalis necessary for every natural and almost every unnatural emergency, because of thoro flow of life forces within. Frequently vaccination will not "take," because resistance is greater. This brings to mind that particular study of CHIROPRACTIC TOXICOLOGY and how an adjustment of cause induces rapid natural changes that otherwise are artificially induced by stimulants and purgatives in form of antidotes. Clinic facts have worked themselves out on a large number of seemingly impossible cases, therefore this clinical finding and deduction is final. As to suicidal intents — if this person did not have atlas subluxation he would have no reason for thinking such.

Now comes a case of pregnancy — average case. She has pictures of terror of first childbirth or is tired of child-bearing — it is

a long, tedious tug — a strong pull and then final strain. Probably instruments deliver child and mother suffers from that time on; for undue strains produce as many subluxations as falls or injuries. Child is born with subluxation in 90 per cent of present births. He (or she) starts life with evil that makes functions abnormal in one or more places. It is our experience that 75 per cent of births are followed by subluxations which bring on a subsequent chain of "women's diseases" from which mothers suffer balance of life. Many a woman was healthy until that period; from then on has been sickly. Child-birth is a natural function; it should be carried thru with as much ease as to carry a loaded stomach; she should deliver child as naturally as an evacuation of bowels. To that woman who has natural bowel action, constipation is far-fetched. Yet all women look forward with dread to birth of every child. As bowels and rectum expand to issue fecal matter, why should not uterus and vagina expand to issue child? We recall one case that took adjustments previous to conception, up to night of birth. She retired, went to sleep, at 2 a. m. had slight pains. Doctor was called; before he could arrive child was born with no labor — a natural delivery. Clinical findings and deductions prove themselves to be true and applicable in such cases. Frequent repetition of this principle to many cases has proven it practical, hence what is more natural than that we should establish that study known as "CHIROPRACTIC OBSTETRICS" which adjusts cause in preference to that for which other practitioners find forceps and instruments necessary? Obstetrics has a fixed idea in mind of women — of ether and surgery. Chiropractic saves worry, for it begins at other end and adjusts her. It is natural to smile — smile with pain isn't natural, although we think many people smile that way.

An individual came to clinic with a hot right arm. It was feverish. Left arm was natural. Pulse beat and blood pressure tests showed same in both yet one arm was hot, other natural. Does blood heat body? Yes, say physiology, anatomy and authors. Same blood makes one revolution of body in three minutes. Blood which was in right arm, that made it hot, was there three minutes later, then why didn't it heat cool arm? Why didn't that blood which kept left arm natural, when it reached the

right arm, cool it? Why did same blood that kept circulating between two arms all day, keep one warm and other cool? Why this permanency with a three minute fluctuating heating fluid? Did blood change heat to accommodate location? If that be the explanation, did blood heat arm or did arm cool blood? Which was incipient prime-mover of other? When such a question arose we did not go to laboratory for a finding and induction but took it to clinic to study its findings and deductions. Let us test our case and see what results materialize. We found a vertebral subluxation. Nerve-tracing proved nerve on right was tender even unto fingers which were hot; nerves on left were not. There was a light pressure upon right and none upon left. We adjusted subluxation, tenderness disappeared, temperature became normal to his and our touch. We reversed order; produced a subluxation to left; it made pressure. We let it rest for a minute, hand and arm became hot, nerve-tracing proved tenderness on left and none on right, all of which changes took place almost immediately, as to temperature, but it took a few minutes for nerves to manifest tenderness. Regardless of which arm was hot — pulse-beat and blood pressure tests showed same. Clinical test proved that blood did not heat body — that mental impulses did if interfered with; that a light pressure equaled resistance which equaled heat. Insight which this test gave elaborated our study of pathological conditions; heat was a factor (either minus or excess) and few cases are without some manifestation of its insolvency. This is one of many deductions that could only have been made in clinic and not then without Chiropractic possibilities to prove it.

One by one, all former clinical deductions tended to elucidate later deductions because it became necessary to involve them to reach this. As one point is cleared it leads to another. More new deductions reached, more there is ahead. Researches of past are almost totally wrong and must be rebuilt before they are of practical use. Whatever they discovered that is of value has no practical application, and all that has application is of no practical account. As we reached one step in our upward progress we saw another to decipher and it was necessary to use step we stood upon to reach higher one. Thus ladder of Chiropractic art, science and philosophy is composed of rungs each of which fits into every other one, all necessary where they are but adaptable

in shifting positions to meet trying needs of each specific case upon which tried. This could only have been deduced in clinic — not in laboratory.

Symptomatology is that which patient tells us — this is clinical procedure. Pathology is that which is observable — this is laboratory method. Both are inadequate and the little known of each is inaccurate, unreliable and non-dependable. Each is invested with an intricate gauze of guess-work and a mass of know-nothing surrounds that. Muscle, bone, ligament, blood and a few other elementary tissues are surrounded with less than some other tissues. Digestion, excretion and a few more of primary functions are fairly well understood. It does not take much of a layman to understand that muscles are involved in constipation and excretions involved in faeces — anything layman can guess at, physician hits at, hence one is as accurate in guessing as other at diagnosis. But one subject both have been, are, and will be at sea about, viz., those tissues and glands which have to do with secretions and excretions that make for acids and alkalies, their origins, distributions and purposes. Only clinic observation could elucidate this problem, yet there is last place investigated.

In going into clinical history of certain cases, in which secretions and excretions were abnormally expressed, there was no known explanation. Why had man a thyroid, appendix, adrenal, spleen — what were their functions? Anatomies, physiologies, symptomatologies, pathologies — all were silent as the sphinx. Why this, that and other "ductless glands;" why placed where they are; what do they do, if anything? They constitute an endless chain. It is clear these glands are for use. Our deductions are based upon 1st, observation of cases; 2nd, analyzation of those cases Chiropractically; 3rd, adjustment and its results; 4th, elimination of symptoms; 5th, study of procedure of how this took place as daily gleaned from changed symptoms as given direct from our patient who was experiencing and watching his change under our direction as to what to watch and where.

A simple example: — Patient's left arm is of natural size. Right arm is emaciated. We are told that blood stream carries nourishing element. Pulse beat same in both — blood pressure tests equal. Blood that is in this arm three minutes ago, goes to other arm because it takes three minutes for one drop of blood

to make a thorough circulation of a body. Same blood that nourished left arm, is in right; why isn't right arm nourished? (Same explanation holds as logically good for heating body as its nourishment—too much function to one thing is like too many cooks.)

Blood circulation was soon delegated to its proper sphere—that of carrying oxygen to body and carbon dioxide from; lymphatic circulation for carrying lymph to glands. To this list we already have an addition, that of cycle thru nervous system which begin at brain and ends there, making a cycle by way of tissue cells thru two different nerve fibres. To this list of clinical deductions we add one more for consideration, that of **SEROUS CIRCULATION** for carrying of serum (possessing food values) to all glands of body from which acids and alkalis are made, and carrying waste matters back to and ending in kidneys. Sphere of these four, applied correctly, has cleared, to our comprehension, many problems that we approached; and it will, we think, clear many more to others to whom same problems are even now stumbling blocks.

Here are two arms—one is normal, other shriveled. Physiologically speaking, that which has occurred is Wallerian degeneration, named after Dr. Waller. Degeneration means decomposition or disintegration. Pathologically speaking, it might be called atrophy, and such-like terms. Materia medically speaking, should such a patient appear before a physician he would prescribe and of late would possibly apply a battery, etc., all to end that smaller arm would not attain size of its mate—therefore it is degeneration because there can be no regeneration. If arm could regenerate it did not degenerate. Should an arm decompose, there is no hope that it will grow again, because it has disintegrated, fallen to pieces bit by bit. Chiropractically speaking, that case entered our clinics, we found a subluxation, etc., etc., hence that arm, said to be degenerated by physiological process of Wallerian degeneration, has again reached size of its mate. Having proven that regeneration can occur, then by that very clinical fact it proves it was not degenerated. What was process physiologically? Arm is composed of tissue cells, which are but walls and liquids. Should liquid leave its tissue cell or all liquids, in part, leave all tissue cells of that arm, then condition existant is that of **DEPLETION**; same as, should we prick a rubber balloon and it

collapses, we have no less balloon than before even tho in minute form as compared to formerly. To replenish with gas is to RE-LETE its form. To restore liquids to each tissue cell of depleted arm, is to replete it to former shape and size. This has been accomplished, hence proving that degeneration is impossible and repletion possible.

Physiological process then is that of PALMER DEPLETION, not Wallerian degeneration. Restorative process to one is impossible, to other natural. Neither physiology nor pathology knows of depletion because those deductions are based on observation of laboratory. DEPLETION AND REPLETION are known to Chiropractors for they are clinical findings and deductions.

There are people coming to us who are so clean — Ivory soap — it floats — they use it every morning. Yet in spite of the morning, afternoon and evening bath in hot water, the body smells. They can't keep clean. Their sickly condition is such that abnormal excretion is there. Soap upon outside takes dirt off but doesn't take it out. All the soap in the world will not clean some persons. Many evil minded could be preached to indefinitely — spiritual soap merely scrubs surface. Bodies that are healthy have a pure, sweet and refining odor. Labor as they might, odor is not offensive, whether they bathed or not. There is little objection to odor of some animals but we seriously object to monkeys for it is on them we find vermin and such live on bodies not healthy. Clinically, the way to be clean is to get body to secrete and excrete in its natural way. Therefore those things which stimulate and thereby endeavor to clean the skin or brain are not lasting. To have a clean body is to have a healthy one and how could we get it by tickling outside as in treating effects? To put peroxide on a running cancer is to apply one odor to kill another, neither neutralizes opposite completely, hence two odors, not one. This is general principle those preparations have which tend to kill unclean odors. Out of a broader concept of this hypothesis, that all bodies should be mentally and physically clean, came that natural study — CHIROPRACTIC HYGIENE, which means that the body shall cleanse itself from inside outside. Soap you use is made of oil taken from other bodies. Why not make your own? Your body should be in such condition that it could do this. Person who bathes two or three times a day is not as

healthy as kid in street who picks up dirty banana and eats it. General condition, as clinically proven, is that Chiropractic brings hygiene from your inside to outside and this is as good spiritually as physically.

If a man offers better light than your kerosene lamp, you ask him to explain. He tells you about wires and "juice." It must sound reasonable before you permit him to tear house and floors up to put them in. One they are in he must make good with demonstration. You ask him to explain principle of electricity, where it comes from, how it flows, and how resistance makes for light, etc. Unless he does you pay no bills that he submits.

If another offers better heat than fireplace, you want to know how. Central heating plant is new in preference to individual room heating system. Before he pipes your home for hot water or steam heat he must make good with explanation. Perhaps you would see it tested and proven in some other house first — that's natural and, knowing his goods, he shows! You are convinced and give him permit to proceed.

That's position we find medical man in. He says he has a system, in existence for centuries, not quite as old as the Pyramids but almost. It's good enuf altho he changes trimmings daily. He offers to make good in you, he tries, fails; tries and fails again; and has been doing this on your grandfather, father and experiments on you until we have awakened, finally, to realization that his "system" is guess-work; his "method" experimentation; his "results" may-be. We demand an explanation as to how and what does these things — if they are done. He has blustered, floundered, wandered and walked the circle until it no longer deserves our confidences. He has told us glands have no ducts, yet do what glands with ducts do; he has told us "sympathy" is "by means unknown" and does things known; that "reflex" is like a mirror that offsets and that's how we live — and many other explanations that even children would not consider toys if they could be manufactured.

We come forth with what the system is, of how your body and mine have been built, organized and run daily. How, when wrong it needs fixing and how that can be done without loss of parts or destroying functions. This paper is our explanation. If this

does not appeal to reason, common-sense and judgment, don't let others work on you until they offer better.

Where once was strong odor — there is none, it has ceased to be. They could see change of urine, color, sizes, walking abilities, facial expression, etc., but logical question still arose, thru what and by what PROCESS did these occur? One by one, they admit our reasons for changing are logical.

We raise question — Does blood heat body? NO — Mental Impulses. Does blood nourish body? No — Serous Circulation. Are there diseases of secretions and excretions being clinically changed under our system without any known laboratory explanation? YES. There are two circulations known, blood and lymph. There are two more to be known, that you and we study today in common, Cycles and Serous. This makes unto man, four circulations — each separate from other although united for general work.

Is it possible for tissue cells to divide endlessly as physiology teaches? Is it possible for karyokinesis — where one divides into two, two into four, ad infinitum to the end that one tissue cell may form a world? Is it ridiculous, yet that is the assumption upon which physiology builds you. Clinically it is not logical, reasonable or consistent. What does take place? As you hold in your hand an acorn, so do you contain that which is oak tree of fifty years hence. Put acorn in ground, sun keeps it warm, rain moistens it, its microscopic cells expand. Give this process time, and tree is product. As you plant male seed, and wife plants hers, two form the blastoderm. It expands for 280 days; the product — a child. No one cell could have made a universe, no one cell a child, and yet we are told that laboratory reaches induction that this is process as to how a liver regenerates itself during its three score and ten. Were this true, death would be an unknown quantity for there would be no end to where a unit cell could divide itself; the only death under that hypothesis would be murder. This is not fact.

Do functions occur by reflex action? Inconsistency is the thought. They respond by Intellectual Adaptation. Actions, different from preceding impression do not reflect as does sun over a mirror or as a ball reflects from a wall. There is no change in reflection; everything taking place is a constant change from

impression to interpretation — interpretation to power — power to active function. For fear of being misunderstood what is meant by "change," we will explain. Hand us one silver dollar and we return you four silver quarters. We have given you "change" altho of same value. Should you give a five dollar bill and we return six silver dollars we have returned "change" WITH INTEREST showing it was worth more to us than you for same space of time. Should, tho, you pass to us with your right hand a \$10 bill, we received it in our left, passed it to right and that hand returned it to your left — then we have REFLECTED THE SAME bill thru a process without modification. This is hypothesis of life. At some nodal point your tissue receives an impression. This is said to travel to another nodal point, which transfers it to another and then given loop-the-loop and returned back to origin or some other place which just as good — no change is granted, no rearrangement permitted. Life is a direct intellectual responsive action. Skin receives an impression of intense heat. This impression passes quickly to a direct nerve fibre terminating at brain where your mind interprets impression and sounds keynote of danger. A message is telegraphed to proper brain headquarters where musculature — contractive — power is sent forthwith to jerk away your finger which is saved being burned. Should a burn occur, a water blister is formed to act as a water pad which is a non-conductor of heat to adjacent subcutaneous tissues. Thus a change of form, character and value occurs thru-out this cycle — change has added interest, it has multiplied itself and increased its usefulness, otherwise why have such? This latter plan is not "reflex," former is. We have proved clinically that functions are direct.

Is "sympathy" at work? We can only tell referring to their dictionary, final definition being "by means unknown." We can't say whether, by such a process, they are right or wrong, but we would most strenuously object to having a person say, "If your patients get well, how?" and we would answer "by means unknown," or to profess that phase of ignorance to all common fundamental subjects we reason upon. Are we working "by means unknown?" Is this the end of all laboratorial induction? Forgive the thought that medicine is thousands of years old and yet you live "by means unknown." We live, reproduce and die by specific, certain, definite methods, known at least to our

Maker. What are they? That was our duty. Mere fact that it was not known in laboratory did not deter us from studying THE OBJECT ITSELF and there learning upon what plan it did run, deciphering it, laying secrets open to public inspection and even tho proven fatally wrong, we will have started a series of clinical investigations that will some day be brought forth in rightness. We feel we have it in Chiropractic. It brings man clear and straight facts that your clinic proves in every case.

These facts, deduced in the Clinic, when taken to laboratory, have been proven true, regardless of how contradictory they seem to former laboratory inductions.

We said that clinically anatomy had Innate Life. Go to osteological studio, which is a laboratory, and we show a pair of ribs which were fractured transversely, one above other. Two segments of each were not set in apposition, slightly misplaced and overriding. This made the point of union weaker than if they had been properly set. Noting the weakness, Innate Intelligence built forth an exostosis from inferior surface of superior union downward to meet exostosis built from superior surface of inferior point of union, two meeting at a common point; but, rather than unite exotoses and make a solid joint (which would have interfered with expansion and contraction as in inhalation and exhalation) Innate built a cartilage on tip of each, interjected a bursa and made a movable and naturally oilable additional perfect articulation. We could show hundreds of examples of like character, but we have aimed, here, to inject a concrete example substantiative of the thot. We bring this up purely to show that clinical deduction, that man is a thinking, reasoning being, can be proven in a laboratory WORKING TO THAT END.

Clinically we said there was subluxation in spine; but laboratory expert said this is not true. It is impossible to have a subluxation of a vertebra, said Gray's Anatomy (but a few years ago) so solidly were these locked and tied by ligaments, cartilages and muscles that two teams of Percherons, opposing each the other, could not pull them apart. Then we opened our Spinographic Laboratory, brot people there with subluxations, spinographed them, made graphic reproduction of conditions existing. These photographs were inspected by men of note and worth in scien-

tific world. They agreed that what we found was true, of worthy consideration and new to world of science.

Physician has his common laboratory tests. Patient has fever — temperature runs to 103 and 104. He says urine smells sweetish, so urinalysis is taken, shows presence of sugar. As far as we are concerned of what value is that? Clinically, none. A patient enters our clinic, we make a definite palpation, analyze spine with digital exactness, take that case to our laboratory and prove that what we felt existed in fact. We stated that exostoses and ankyloses disappeared under adjustments — it was folly — until further demonstrations were proven in our laboratory.

What difference does it make whether urine dribbles 10 drops per minute or oozes 20; trickles sugar or sputters vinegar — nozzle is a poor place to study causes — faucet would have been headquarters. We are content to let physician make his tests if he will let us adjust subluxation.

Our general clinical FINDINGS should be in common accord with medical laboratorial FINDINGS as facts are facts — bacteria is bacteria. There are many clinical findings brot forth lately that have been proven but laboratory inducers will not accept them. Whether this is prejudice, ignorance, inability to see, won't listen or don't care to reason, whether it interferes with financial considerations or not, is not for us to say, but in science we should be open for truth regardless of source, provided it proves itself.

As we concede, to them, finding of microbe, they should concede unto us finding of subluxation. Therefore, we are more liberal. As we concede raise in temperature, he should also concede equations. As they concede persons being psychic, they should concede our Innate Intelligence. As we concede their idea of resistance in infectious diseases — that is if a person was non-resistant he would catch a disease — so should they concede to us that if we adjust subluxation person would be resistant and he would get well. As they concede necessity of external tonics to belch stomach, so should they concede that if stomach had internal force it would clean itself. As they concede necessity for external antidotes, so should they accept our clinical findings of internal rejection in preference. Do they? We are more liberal unto their findings than they unto ours.

We shall compare a few laboratorical inductions with clinical deductions and see what we get. Has dissection found life in a tissue cell? Do we find life in clinic—is Innate prominent in dissection room as life is in clinic? Work with death and you see it. Work with suffering life and you make it at ease.

Could chemistry bring forth analysis of human causes and effects? Suppose we found a vertebral subluxation, it was cause and indigestion effect—how could we use chemistry assuming that we know it? To know what chemicals were or were not wouldn't help to adjust subluxation. Knowledge of chemistry on kindred subjects would not teach which way subluxation existed. Hence, that induction of chemistry, gleaned in laboratory, would not help—providing we knew it—to work forth deduction of clinic. Of what use to bacteriology would palpation be? They search for bacteria to find external cause of disease—Chiropractor forgets bugs and palpates spine to get internal cause. If laboratorical induction of germs is correct then no medical man will ever palpate a spine expecting therein to find THE cause of disease unless he palpates for germs, and methinks they are too small to see much less to feel. If Chiropractor locates herein cause of disease he will never credit germ with having gotten ahead of subluxation. Therefore conclusions of laboratory and clinic are opposites. Of what use, to pathology, is a Meric System? Pathologists want to look at condition to see whether red or brown, sputa is coagulated or not, what size tumor is and whether an operation would be profitable—to patient—or not, which resolves itself into—what is condition of condition? Chiropractor finds it immaterial whether one or other, cancer, tumor or wart, rheumatism, gout or itch. WHERE is it; give us a line on its location. One plays what he can hear or see strongly to fore, other wants what he feels and position—each wants the opposite of other. How could surgery utilize a subluxation? Surgery is used 1st, to amputate; 2nd, to section on or from body certain pathologies; 3rd, to set dislocations and fractures; and thus far and no more end boundaries of surgery. Did a surgeon of today say he has always known subluxations of vertebrae he misrepresents facts for no author is on record as having assumed that such was true. If vertebral subluxation approached a surgeon it would be one of things he knew, viz., dislocations or fracture. To what end could diagnosis use nerve tracing? Diag-

nosis is a compilation of things patient says, where and how he feels added to what the physician sees or hears, then mass assumes complexed form out of which comes a definite name. Chiropractor having palpated a spine finds a subluxation. Starting at effect he will let it lead him to spine and get THE specific subluxation. Symptoms lead to name, analysis to subluxation. Laboratorial and clinical deductions are antipodes in purposes, values and applications. Could prognosis do what Intellectual Adaptation does? Prognosis is what A thinks A's medicines will do to B without considering what B's Innate is going to do to B and A's medicines — therefore it's a guess. Intellectual Adaptation is a known quantity in all alike therefore A tells B that if B's Innate works he'll get well but it'll be B's Innate that did it, not A's adjustment. Does urinalysis take place of Equations? Is Orthopedic Surgery and Chiropractic Orthopedy doing same good for the race?

This lecture has a purpose. Many agree Chiropractic gets results in clinic and you're willing to admit only in part that the basis under which it exists is right.

If their method of procedure is correct, (and there are those amongst you who are prone to believe it so, and you may hold that opinion justly, it is not for us to say) why didn't they possess Chiropractic with its consequential results, years ago? OR, if their hypothesis of laboratory study is correct, why should there have been necessity for Chiropractic? If their laboratory work is correct, their clinics should prove it. They would have been all success and no necessity for us. If they were right we would not be here. If there had been no clinical failures, there would be no Chiropractic. Fire insurance is for fires, undertakers for dead people; Chiropractic was made by failures of medical men in the same sense.

If OUR clinical procedure is correct and successful, could it have been done with THEIR laboratorial system? If we had used their inductions, we would have reiterated what they are doing. If our findings are wrong, why are not our applications in this clinic, failures? You are a student of Chiropractic. Concede in morning, to a prospective patient, laboratorial induction that bacteria CAUSES disease; could you, in the afternoon, go to this tubercular patient and adjust a vertebral subluxation as its

cause? You cannot use laboratorial induction with a clinical deduction, the two CAN'T go together. They contradict.

If laboratorial surgery be needed in appendicitis why aim to restore cycles from the subluxation? If necessary to REMOVE appendix why aim to GIVE CYCLES? Imagine a president of a "Chiropractic" (?) school, addressing a class, saying: — "In a case of appendicitis, find the subluxation and adjust it. If you don't get results in ten minutes adjust it again. If you don't get results in twenty minutes, call a surgeon and have him operate." Do you live such a contradiction? We would give an ADJUSTMENT and rest content.

If materia medica is proper laboratorically speaking, why then, in clinic, change drug and dose until patient dies or quits? If right STICK with it. If wrong CHANGE theory. If treating effects according to laboratorial therapeutics is proper, why give an adjustment as cause in clinic? We are raising these questions for students who have not yet been weaned from milk bottle.

If laboratory finding of "no life" as in physiology, is true, why ask your patient to use intelligence to help you? Why say "relax, please." Why ask intellectually to help when laboratorically you have been told there is no life? If laboratorically they find no subluxation, why should you, in clinic, adjust one? We are drawing sharp lines as to teachings—not what they may concede exists in twenty or thirty years, or what most progressive even concede now. If laboratorial pathology leads to diagnosis and this trails to materia medica, why use process of analysis with a Meric System in clinic? If laboratorial findings of reflex be true, why trifle with direct cycles from brain cell to tissue cell and back? Why use clinical nerve tracing to bring out this phase, when "sympathy" is laboratorically said to be correct? Can you admit one and use other? Can you be a medical man in theory and a Chiropractor in practice? That could be ironically put in these forms: could a gorilla live in our home, can a cow type-write, or can a rose run an automobile?

After all is said and done, and our faults and successes recorded in this paper, rights and wrongs of two methods or systems deduced to their proper standings, this is the final issue.

Laboratorial and clinical findings are not as yet disputed by either side as against other. Deductions are at great variance—how can either be proven right?

Those things found are subject to proof by the eye, scale, thermometer, chemistry, physics, etc. Those conditions which exist as deductions cannot be proven by any of these, regardless of whether laboratorical or clinical. They are conclusions of that — for once that is taken into findings it loses relationships. Bacteria is a finding and is true, but to assert that germ causes a disease can never be proven except in logic. Finding of a subluxation is true but deduction that it produces pressures upon nerves, cuts off current, etc., cannot be proven and exists only in logic. Minute we kill man to prove that germs cause disease — that moment we have removed all evidence upon which to prove. Minute our patient is dead, that moment do all conditions change, hence clinical deduction remains shrouded in mystery as before.

There remain but two final tests in which to cast laboratorical and clinical deductions to see which is right: 1st, clinical results; 2nd, reason. It remains for each deduction to test itself upon given cases and see which application gets his patient well or fails; or, it remains for minds of thinking men to study each proposition carefully and pass judgment upon which he thinks more reasonable, logical, consistent with facts, and then condone or condemn. If these are tests used — then we bank on Chiropractic meeting both.

Nothing is so impossible, inconsistent and illogical as theories evolved by medical men and certain it is their deductions are failures in clinic. To all minds, Chiropractic deductions are reasonable, meet every demand made upon them, and clinic proves its right to be called the champion holder of successful deductions.

Medicine, in theory and practice, is based upon laboratorical findings and inductions. Chiropractic is based upon clinical findings and deductions. As you accept Chiropractic clinical deductions, you reject in ratio medical laboratorical inductions, so Chiropractic is more than "learning to punch the back." Only yesterday, came a letter from a physician in England. He wanted "to learn the punch." There is much to learn that is new, progressive and true. Learning is easy, hardest part of learning being to forget that which is old, retrogressive and wrong.

Only possible dispute between Chiropractic and Medicine is that we question their laboratorical inductions and base our case on their clinical failures. They may question our clinical findings

and deductions but when they come to our clinic, talk with our patients and find what is done, notwithstanding they hold their laboratorial inductions and conclusions in mind, they say, "I am at a loss — dumbfounded — shocked — I don't know how to explain what you do because it doesn't coincide with what should be." Their laboratorial inductions won't hold good when tried in our clinic — yet our clinic work holds when taken to their laboratory. It has been so in everything tested. They may claim that some of our clinical conclusions won't hold in their laboratory which we concede because there is a portion of work in our clinic that has not yet been tested. That which is true in the live must be so of the dead.

You students have taken adjustments. It may be Mrs. Jones took adjustments and got results. You became interested. You talked to Chiropractor — got interested in the school and here you are. Your ambition probably is "I want to get there, study anatomy, physiology, symptomatology, bacteriology, learn to punch and be a Chiropractor, get rich and be a man of society," and you are not altogether to blame. Chiropractor probably has not shown you contrasts as we have tried to do, consequently you came with a fixed notion of what Chiropractic is, of what it consists and what you will study while here. You are here a month — things are not what you thot. You are here two months, "Here is something lectured upon this morning that I never dreamed of. I didn't think that was Chiropractic." On all sides, from beginning to end, you meet something new and say, "It is greater than I thot when home, a larger subject than I had dreamed of. There is so much to learn — will I ever get thru it? While these things are crowding in on me, I get despondent, blue and don't believe I do credit to myself and the School." You absorb more than you think. Majority are surprised that we don't teach what medical schools do and yet you concede that what they teach is a failure. You admit their principles are wrong and yet ask us to teach what they do. If we taught what they teach, we would lead you to failure. We teach what our clinic and observations lead us to know is true. Your studies will not be that of medicine. Medical man comes and must be made over. His viewpoints must be changed — he is to be a new man in thot — he must lose all he knew about medicine.

This morning you have a fair outline of things that transpired that caused us to change viewpoints. Even though these have been proven, there are those who still prefer to admire the old that have been proven wrong, than to respect that which is right which is new.

We said logically that laboratorical method does not reach conclusion that bears facts. Clinical deduction is reached — make the sick well. It behooves you as students to pay careful, strict attention to clinic. There you get information much needed when you get into field and yet it is the part of which you make a minor education. Use clinic as a means of proving theories. Your past policy has been for laboratory to prove all things of life altho it manifests opposite. Clinic proves all things of life and nothing of death.

CHAPTER 77

The Story Of THE WET AND THE DRY MAN

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To properly understand symptomatology it is necessary to understand human mind in its many psychological divisions. To intelligently comprehend pathology, it is necessary that student know various subdivisions of anatomy. So is it equally true that before you can understand symptomatology and pathology of wet and dry man you must know Serous Circulation, for upon former is based abnormal conditions of latter's normal. As symptomatology is to mentality, as pathology is to anatomy, so are wet and dry manifestations to Serous Circulation.

In each division we must have the normal before we can have the abnormal. Before you can understand what mind with pain thinks, you must know mind without pain; otherwise you could never get a mind with pain back to a mind without pain. Before you can understand what abnormal conditions matter can get into, you must know matter as it is; otherwise it would be useless to picture retracing backward to normal. So is it also true that before you can appreciate wet and dry man, you must know what degree of moistness matter should be in to be in its natural state.

Steps are from normal to abnormal; unnatural to natural.

It would be consistent, here, to review Serous Circulation; state its beginning, ending, blendings and tissues in which such take place; to outline glands, both with ducts and without; to mention acids and alkalies; approximate quantities of each; relative locations of each; time it takes to pass from one to another; but, in presenting pathological expressions of secretions and excretions, we take it for granted that you have studied tissues and their fluids as presented under topic head of "Serous Circulation" in Volume 2, The Science of Chiropractic, Library Series. If you have not perused that first, then all we shall here say is like Greek without a lexicon.

There are many ways to analyze man, viz., physical, mental, spiritual, etc.

Analysis that is here necessary is more wet and dry. In presenting this dissolution we are aware that it will give to old facts a new odd face. Man has always been just what he is, but somehow we now seemingly are dividing him into different sections than heretofore. Electricity has existed from beginning of time. Man did not analyze air and ether, subtract and divide all of its elements until recently. Fact that it was not done before upsets no facts, it merely adds a new one.

The constant stumbling block of originators is that they must be confronted with old "laws" based upon older order of things. "Laws of physics" have said that which is heavier than air could not remain in air. As proof, they would raise a rock and you would see it fall to earth. This common test was carried into laboratories where commonness was magnified, photographed, microscoped; microscoped into multitudinous scientific tests which more elaborately proved the original.

But, "the world do move." Man will think. Reason will decipher. He does produce. As a result, come motor, gasoline combustion, propellers, oiled silk, out of which come "laws of aeronautics," which set aside "laws of physics" to such an extent that they are revolutionized. Yesterday "laws of physics" said nothing heavier than air could remain in it. Today "laws of physics" admit that their former premise was untrue.

Of all research that has been given human body, from time immemorial to date, three divisions of man have been ignored or studied seemingly without practical and reachable results, viz., psychical, fluidic and neurotic.

Psychical we have analyzed in our Chiropractic way, in other publications devoted to that purpose.

Neurotic we have also divided almost simultaneously with psychical, for they are closely related.

This analysis deals with secretions and excretions of man; their origin, distribution, character; quantity under environment,

and other circumstances where they should be normal but are not.

Perhaps no one has given this question such scrutiny, in light of bases of past, as Sajous. His research is exhaustive, his writings voluminous. His work was caretaking. But it was all done in light of principles and rules well laid down, of impossible past. If fundamental under which he proceeded had been right, what he was after would have been found years before his time. Fact that he ultimately failed to discover was not his fault; it was the flaw of the man or men who laid foundation for him which he trod after they were long dead and buried. His error was in staying in rut and trying to prove where their rut was not long enuf or broad enuf.

In this analysis we shall stand by no rules, laid or constructed. We shall radically depart from all and construct a working passage originally our own.

In quoting from Sajous' "Encyclopedia of Internal Secretions," we do so merely to prove that, after all, he admits he accomplishes nothing constructive. He adds to accumulative knowledge of things that are not so. He does not add one valuable idea that is usable in reconstructing man.

Preface of the above named work, date of September 1, 1908, makes following terse remarks:

"The present status of medicine precludes any apology for the publication of a work such as this. Professor Sollmann, a prominent member of the Council of Pharmacy of the American Medical Association, wrote, only this year (1908): 'A generation ago therapeutics was an art, promising to develop into a science. At present it cannot be classed as an art nor as a science; it can only be classed as a confusion.' Indeed, Osler's public declaration: 'That of the action of drugs we know little,' though we 'put them into bodies the actions of which we know less,' sustained by Llewellys F. Barker's estimate published about the same time: 'That drugs of unknown physiological action cannot conscientiously be set to act upon bodily tissue in disease in which we are ignorant of deviations from the normal,' involves the conclusion that our ignorance applies to disease as well as to therapeutics—in a word, to all that which endows us with the right to accept with any degree of self-respect the confidence which suffering humanity places in us.

"It is not my purpose to take issue with these frank expressions of opinion. In fact, were I to do so, I would conceal similar conclusions reached nearly twenty years ago, when, as editor of the 'Annual of the American Medical Sciences,' it became my lot to collate, with the valued collaboration of many associates, the multitude of data, clinical and experimental, which were accumulating from year to year. Nor do they conflict with the prevailing estimate of the therapeutic worth of medicine among the best-informed medical men abroad. Skoda's dictum of several years' standing, that we 'can diagnose disease, describe it, and get a grasp of it, but we dare not expect by any means to cure it,' has drifted along, on the ripples of time, until hardly one year ago (1907) the president of a prominent British society, Dr. A. H. Brampton, found it opportune to declare that: 'If any daring member has introduced a subject bearing on medical treatment, it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good-humored banter, and received by those sitting in the seat of the scornful with amused incredulity.' My aim now, as it was when 'Internal Secretions' was first projected, is to indicate what to me, at least, appears to be the main cause of the deplorable state of practical Medicine, and, if possible, to eliminating it.

"When, twenty years ago, I was brought face to face with the mass of heterogeneous material we term the 'Medical Sciences' and with the yearly crop of contradictory theories upon each disease, mode of treatment, etc., I soon realized that some gigantic flaw should alone account for so great a confusion. In the preface of the 1888 issue, I had stated that the 'Annual' was intended 'to become a helpmate to the practitioner in his efforts to relieve suffering, and to assist the investigator by correlating facts, thus enabling him the better to compare.' Whether such comparison was indulged in by others I cannot say, but the fact remains that, as far as my own position in the matter was concerned, I began then and there to seek for the flaw referred to. I must frankly confess that its identity was not difficult to find, namely: The invalidity of Physiology. Never, when it came to tracing a pathological condition, the effect of a remedy, the nature of a symptom, or any, in fact, of the many phenomena which to us practitioners are of paramount importance in diagnosis or therapeutics, was it possible to trace to its source the chain of events thru which a normal function had more or less suddenly become abnormal. Invariably was it found that either the physiologists had failed altogether to discern the nature of that function, or, if an attempt had been made by them to explain it, that it was laden with so many inconsistent and obviously mutually contradictory conclusions that—although perhaps quite scientific in their eyes—it was more misleading than helpful in the explanation of the morbid condition analyzed.

"To illustrate these statements, I will submit a few of the more salient deficiencies referred to. The process of respiration, which includes pulmonary respiration and oxygenation of the blood and tissues, at once asserts itself as of capital importance, since it involves the functions of all organs, the vital

process, and also every morbid process. In January, 1903, I urged that this function as taught by physiologists failed to satisfy our needs, and suggested new paths for research. Two years later, Professor Chas. R. Barnes of the Botanical department of the University of Chicago wrote, 'I found to my great surprise that animal physiologists have concerned themselves very little with the essential problems of respiration.' Then, naming our best-known textbooks on physiology, he added: 'I found no treatment whatever, indeed, no mention whatever, of the real problem of respiration, that is, of what is happening in the tissues, the process of which these external phenomena are the sign.' The late Sir Michael Foster also closed a study on metabolism in the last edition of his textbook with the statement that, after all, 'consists mostly of guesses and gaps.' Even the apparently simple process through which the blood acquires its oxygen from the air in the pulmonary alveoli is at present unknown to physiologists, their gasometric experiments being, as stated by Pembrey, 'very discordant' and inadequate to explain 'the absorption of oxygen by the lungs.'

"If the full meaning of these deficiencies is apprehended, their appalling consequences will appear.

"Another great function is nutrition. Our first need to interpret intelligently gastro-intestinal infections, is a clear understanding of ferments. A most able physiologist, Benjamin Moore, wrote recently: 'Little is known regarding the chemical nature of enzymes, because all attempt to isolate them in a state of purity has hitherto failed.' Another authority, Halliburton, also writes: 'The process thru which the digested foodstuffs are absorbed from the alimentary canal is quite as obscure.' Thus, Howell writes: 'The energy that controls absorption resides . . . in the wall of the intestine, presumably in the epithelial cells, and constitutes a special form of inhibition which is not yet understood.' According to Beddard, 'we know nothing of the path taken by the products of proteid and carbohydrate digestion.' Howell also says: 'The form in which proteid is absorbed remains . . . a mystery.' Again, if, as textbooks on physiology teach, the foodstuffs, duly prepared, were taken up at all by the blood they should be found in the latter. But, as stated by Mendel, 'Beyond the intestinal wall, in the blood and lymph-stream, the cleavage products seem, for the most part, to be missing.' Finally, once in the blood, the fluid proteids should be readily diffusible to penetrate freely to the tissue cell. Howell states: 'The proteids of the blood, which are supposed to be so important for the nutrition of the tissues, are practically indiffusible, so far as we know. It is difficult to explain their passage from the blood through the capillary walls into the lymph.'

"The problem of nutrition is evidently no more solved by physiologists than those of respiration and tissue metabolism. The consequences to us are quite as deplorable. Asiatic cholera, typhoid, infantile diarrhoea and kindred disorders are closely related with all intestinal functions, and in absorption lies the keynote to general infection. How can we possibly obtain a clear conception of all those dread diseases with such a foundation as physiology affords us?

"The third great question is the manner in which function is incited in an organ. As shown by Claude Bernard, over fifty years ago, this is due to dilation of the arteries of that organ; more blood passing through it, it functionates. Notwithstanding considerable work done upon the problem ever since, the manner in which this function is carried out is quite unknown. Naturally, to admit more blood into an organ, the nutrient arteries must be dilated. Now, in his summary of vasomotor action, Foster, for instance, says, referring to the presence of dilator nerves in muscles: 'There is no adequate evidence that these vasodilator fibres serve as channels for tonic dilating impulses or influences.' While Landois, in the last edition of his textbook, holds that 'although a center for vasodilator or vessel-relaxing nerves had not yet been demonstrated, the existence of such a center in the medulla may nevertheless be suspected.' J. G. Curtis states that 'it is not known whether a vasodilator center is present in the bulb.' The actual state of the question is aptly summarized by H. C. Chapman, when he says: 'Though numerous explanations have been offered of the manner in which the vasodilator nerves act, it must be admitted that none of them are satisfactory, and that it is not yet understood how this stimulation causes dilation of the blood vessels.'

"Now, the bearing of this physiological process upon pathogenesis and therapeutics may be said to be limited only by the total number of diseases to which the human frame is exposed, since all disorders are functional or organic, and all organic diseases impair function at a given time. A possible exception suggests itself, namely, the nervous system. But here, again, the *deus ex machina* of the function as a whole, THE NERVE IMPULSE, has remained hidden. As Landois says, 'the nature of the physiological nerve-stimulus in the normal body is not known.' This accounts for the prevailing discouragement among the devotees of a great specialty, neurology, as expressed in the recent statement of a very diligent worker in that line, Joseph Collins, that we know very little more concerning the etiology, pathogenesis, and the clinical display of the majority of nervous diseases, organic and functional, than we did twenty years ago.

"These are but a few of the evident shortcomings of physiology; others will be referred to in the body of the work. I wish to state, however, that their enumeration is not inspired by a spirit of criticism; they are mentioned because each deficiency is subjected to a searching inquiry in the second volume with a view of its elimination. Indeed, anyone who has examined physiological lore as closely as I have, cannot but admire the enormous and patient labor that physiologists have devoted to the solution of the multitude of problems which the functions of the human organism involve, including the many unsolved ones to which I refer. But I must now, after writing the second volume, emphasize a feature which I merely suggested in the first volume, viz., that their failure to explain the many functions referred to is due to the fact that they have overlooked the cardinal functions of the organs to which I have given special attention—the adrenals, the thyroid, the pituitary body and the leukocytes.

"As the text will show, various branches of biology have been studied, but many of the facts which have served to elucidate function were obtained from CLINICAL medicine. A great physiologist, Professor Pawlow, of St. Petersburg, wrote a few years ago, after stating that physicians had pointed out the existence of gastric secretory nerves—a question which, I may add, has been greatly elucidated, thanks to his own labors. Physiologists, on the other hand, had fruitlessly endeavored for decades to arrive at definite results upon this question. This is a striking, but by no means isolated, instance where the physician gives a more certain verdict concerning physiological processes than the physiologist himself; nor is it indeed strange. The world of pathological phenomena is nothing but an endless series of the most different and unusual combinations of physiological occurrences which never make their appearance in the normal course of life. It is a series of physiological experiments which Nature and life institute, often with such an interlinking of events as could never enter into the mind of the present-day physiologist, and which could scarcely be called into existence by means of technical resources at our command. CLINICAL observation will consequently ALWAYS remain a rich mine of physiological facts. There are precedents, therefore, upon which a legitimate belief may be based that the conclusions I have reached are sound. They afford, moreover, a clear explanation of the inability of physiologists to discern the functions my researches have led me to discover; they are partly hidden in a field that physiologists could not legitimately be expected to scrutinize, owing to its vastness. In this connection it is mainly, therefore, as a contribution of pathological biology to normal biology, of which physiology is a subdivision, that the two volumes of 'Internal Secretions' are offered.

"The final conclusions to which I have led—those submitted in the second volume—are not offered as mere theories, but as solutions carefully worked out from the abundant material at my disposal. My labors as editor of the 'Annual of the Universal Medical Sciences' and the 'Cyclopaedia of Practical Medicine' having shown that it was to the habit of theorizing with a few facts as foundation into which investigators, and particularly laboratory workers, have fallen, that the confusion which characterizes the Medicine of our day was due, the following working plan was adopted; the literature of each subject, my own experimental and clinical observations, etc., were collected, subdivided and filed.

"These details are given not only with the object of aiding others who might wish to work on parallel lines, but to illustrate another salient feature brought to light by my editorial work upon the 'Annual' and the 'Cyclopaedia,' namely, that the present unsatisfactory condition of Medicine is due to the fact that investigators do not avail themselves of the enormous array of solid data available to ascertain the truth. Blinded by the fallacious idea that the worth of a contribution to our knowledge should be gauged solely by the new experiments and clinical observations it adds to those already available, they lose sight of the fact that such experiments and observations are but bricks and mortar out of which a coherent and truly useful Medicine—one indeed worthy of ranking as a science—can be built.

"The conception of Medicine presented in the second volume — and foreshadowed in the first — is submitted only as an effort in this direction. It aims to replace the empirical and hazardous use of remedies which has undermined increasingly the confidence of our best observers in them, by a system of therapeutics based on solidly established facts which makes it possible to trace every phase of their action to its source.

"The work introduces no elixir of life, no universal panacea, or even a new serum; the weapons recommended are available to all, viz.: The identical remedies which for years have been in daily use — the forty or fifty that have stood the test of time. It shows, I believe, that it is not because we have been lacking agents capable of successfully coping with disease that confidence in remedies has been steadily decreasing, but because they were used blindly and often, therefore, injudiciously."

You ask me what man is, chemically analyzed, and we would say he is but water and dust.

(a) Water, in its myriads of combinations, too many for any one mind to know correctly. Combinations, chemicalized in endless seesawing, relating and interrelating until it staggers chemist or laboratorical expert. For this reason alone, if for no other, we shall not attempt to track our feet into their failure footsteps.

(b) Dust, in very highly organized and specialized forms.

Putting it in other and crude language, it can be said that man is a child's mud pie highly chemicalized and specialized. Just as mud pie is beyond comprehension of child-mind, so is human mudpie beyond comprehension of adult's trained mind. No mind, youth or adult, trained or ignorant, knows an atom or drop of water, much less chemicals and tissues out of which both come.

Human dust is organized into what we have grossly seen fit to call osseous, nervous, muscular, ligamentous, connective and other primitive tissues. Only difference between one and other is, none at beginning and all at ending, organization being process between.

Steel, bricks, mortar, wood and other dusts that go into our skyscrapers are originally from same mother earth. Different processes of heat, time and other elements make one dust a steel and another dust a brick.

Water, as commonly understood, is composed of H_2O . In it are vegetable and animal matters which when extracted make it aqua pura. Take "life" out of it and it is pure, even tho lifeless.

Water, as it floats or osmoses thruout body, is composed of living water, or lifeless water, plus all compounds and mixtures of multitudinous compounds it gets out of foods in transition from moment it enters body until it leaves it.

Water, fluids, liquids, secretions, excretions, bile, and other granular juices are generic titles which beg our ignorance. We know there is a difference, yet of exact nature, action and reaction we are at a loss to know whence they start, pass thru or leave human body.

We shall not worry reader with our admitted ignorance of these things. We are confessing, at outset, that which Sajous had to admit when he finished.

Given organized dust, chemicalized water, add a psychical individuality and you have a natural, living, reasoning object, be it vegetable, animal or human. "Natural" objects providing organizing of dust, chemicalizing of fluids and adding of psychical self are all mixed in crucible by Father Time and nursed to maturity in cradle of Mother Nature. Should any of this blending be attempted by Educated Man, in any of his artificial laboratories, that moment it loses its naturalness and ceases to exist as it should if in a human body or composite form.

When man lives, he is dust plus water (mud) plus his soul, which keeps it well stirred and freely passing on in flowing process. When man dies, we separate soul—which is neither dust nor fluid—from mud and then it ceases to start, pass on or pass out. After man has been dead for some time, water becomes separated from dust, it ceases to be mud, gradually dries and soon we have bone dry dust composed of dust minerals and dust salts. We have disorganized water and destroyed naturalness of dust.

A man dies. Process is one of a separation of soul from water and dust. His organized water-dust is not "dead." Suppose we "cremate" the "remains." All that occurs is separation of waters from dusts. Should you see actual performance, you would note mist that arises—this is water leaving. "Ashes" are dust.

It takes but a fraction of a moment for soul to leave dusty water. How long it takes to separate water from dust depends upon in what proportions they have existed up to time of death.

Living man, composed of elements, material, which we have analyzed him into above, should be MOIST, to be normal.

Living man, however, is rarely normal; therefore he is usually wet or super-wet; dry or super-dry. Whether it is one or the other depends upon whether fluids are of right quantity and quality or whether tissue cells are of sufficient quantity and quality to balance or not.

Everything in life is a question of balance. Too much goodness is no good; too much badness can't exist. Person worth while fits rule. "There is so much bad in best of us, and so much good in worst of us, that it hardly behooves any of us to talk about the rest of us" — just a good balance of a trifle of each. Liquors, the weed, fevers or anything else that is bad are only such because they are out of balance. Average person is an extremist; did he strike balance, extreme could not be condemned.

In gross when man is wet — or super-wet — it's case of too much water for tissues — cells are flooded — as in "dropsy."

In gross when man is dry — or super-dry — it's case of too many tissues for water — cells crumble — as in chalky "rheumatism."

These are concrete examples. They exist endlessly when detailed.

Man is either well or sick. Being well, we can only study anatomy and physiology. Being sick, we can only study anatomy or pathology, or abnormal physiology or symptomatology. Pathology is but sick anatomy. Symptomatology is but sick physiology.

In sense we use it here, "abnormal" is a relative term in tissue and CHEMICAL QUANTITY in speaking of anatomy or pathology. In same sense, "sick" is a relative term in action or FUNCTIONAL QUALITY as used in physiology or symptomatology.

In speaking of "QUANTITY" we mean whether there is too much water for tissues or too little water for tissues. "QUALITY" is relative as to how "pleasant" or "unpleasant" physiology or symptomatology is.

When QUANTITY of water and tissues is normal, QUALITY is normal. QUALITY is product of QUANTITY. Proper QUALITY is produced by proper QUANTITY properly mixed. Mix quantities abnormally and quality is abnormal to same degree and extent, no more or less.

Example: Concrete and its proper quantity mixture, therefore quality, is a good example. Concrete is made of matters and has a function that is comparative to supportive tissues in physiology. It can be abnormal and comparative to pathology as well as to symptomatology.

Hypothetically, suppose we are mixing for a wall. Ingredients are 4 of sand, 2 of rock, 1 of cement, to 6 of water. This constitutes a good mixture and will adhere closely, stand up well and make a firm quality of wall.

Suppose we have a mixture of 4 of sand, 2 of rock, 1 of cement and 12 of water. We have same quantity of other matters, but we have added twice as much water. This will thin sand, rock and cement to where it will pour much as does diarrhoea — it is too thin. It will not adhere, it will not stand up, but makes a poor quality of wall. It is too thin. Ever hear tell of "blood being too thin?"

Suppose, on reverse, we have a mixture of 4 of sand, 2 of rock, 1 of cement and 3 of water. We have same quantity of other basic materials, but we have decreased quantity of water by one-half. This will make mixture so thick that it will not pour; congestion occurs in vessels it should pass from and out of, as in costiveness of bowels. Such cement will make a wall with holes.

Between extremes cited there can be many shades, fractions and degrees; infinitesimal details of anything above 6 of water in excess of, to anything below 3 of water in minus — quantities, plus or minus, can be whatever container can contain, or whatever receptacles can go without and still hang together without blowing away as common dust.

Even after science has got thru scientizing in its LAST degree, it will still be plus or minus of what it should be a good mixture in quantity and quality. They may quibble and squabble over shades and terms, but basic fact remains same: From where we stand it is always up or down.

There may exist many figures to designate distance above, but it will still be "plus" even when scientific men have reached last degree of comprehension. Same may also be true of distance below, but it will still be below whether one or one million. To know degree adds nothing to human knowledge; to know relative and comparative condition adds much to our usefulness.

Another example: In our younger days we made mud pies. One quart of road dust and one pint of gutter water made a fine mud pie. It was neither too thin nor too thick. It worked and stuck and patted nicely between our palms. But, two quarts of dust and one pint of water made it so dry that it would not stick together, it fell to pieces. But one pint of dust and one pint of water made it so wet that it was sloppy and made our hands muddy with its slop.

By inverse ratio, opposite could be as justly true.

One pint of water to one quart of dust would make a fine mud pie, but one pint of water to one quart of dust made it too dry, as two pints of water to one quart of dust made it too wet.

In both examples we have cited, we mixed quantities of dust and water. This is true, in human body, only so far as we deal with matter in transit, in passage thru us. That dust which is organized and which is of use as bodily tissues is a known and fixed quantity, exception being only as we deal with tumors. (As this is not a talk on tumors, we will deal exclusively, for purpose of this text, with excretions and secretions.)

In all examples in human body, it is water which fluctuates; not quantity of dust which is made too thin or too thick. Man's organs remain a fixed given quantity, but fluids which enter, tarry and pass thru are in transition; are normal in quantity, hence quality of output or function is interfered with and becomes manifest in many symptomatologies and pathologies of organs and secretions and excretions.

Generically speaking, where organs are a fixed quantity and fluids are in excess, title of "dropsy" can be aptly applied. Too little tissue floats in too much water; "too little tissue" only in that it has TOO MUCH WATER to float in.

Generically speaking, where organs are a fixed quantity and fluids are in minus, title of "body drought" can be aptly applied.

Too much tissue floats in too little water; "too much tissue" only in that it has TOO LITTLE WATER to float in.

In all this mass of symptomatology and pathology that is taught by many means, by vision and sense, common-sense and non-sense, we have a super-abundance of diagnoses and terms for those conditions which indicate an excess of fluids here or there or everywhere. But when it comes to giving a name to those conditions in which there is a minus of fluids here, there or everywhere, we are at sea for want of any medical term to indicate what we mean.

We are compelled to borrow an agricultural term, "body drought," to make ourself understood. This accounts for title of this talk: "The Wet and the Dry Man."

After all, what great difference exists between farm of man and man of farm? One has a farm to plant seed in—other has seed to plant in HIS farm. One has a farm which has seed, which needs to be watered; other has seed planted in his body farm, which needs watering. Farmer knows, as does humaner, that once seed is properly planted and properly watered it will grow. But each also knows that too much water will rot his seed, as too little water will make it too dry to sprout and expand.

Watering human body, causing various waters to reach out to all parts of his body thru many different channels is very little, if any, different from irrigation idea now in vogue in many otherwise arid parts of good fertile soil.

What is good for goose may be bad for gander. One man's food may be another's poison.

That condition which is manifest as a dis-ease in one part of body is but one-half of dis-ease. Take a given case of dropsy, where we have an excess of water in feet. Some other part of body has gone dry to supply that part with its excess water. Take a given case of too dry feet, where there isn't enuf fluid in feet. Kidneys have gone wet to take from feet their water. It's a case of robbing Peter to pay Paul. We notice objective symptom, study it, diagnose it, treat it, regard it as whole, and when

we fail it was because it was too bad to be "driven" from body. Subjective symptoms and pathology are usually more important than objective. We should find them, get their location, trace major, adjust it. As soon as subjective is gone, objective cannot exist.

Body must at all times strike its balance, either in normal or abnormal, wet or dry, here or there. Mouth shows a temperature of 102 degrees. Too much heat in mouth; but balance of body will show cold feet. (Cold feet usually go with hot heads.) Have an excess of a tumor in one place and that which made it has been robbing Peter for some other time. What tapeworm gets, body of patient does not. Absence of one arm makes other do double work and grow twice as strong. Examples are endless — body does strike its balance between objective, seen or known symptoms, and pathology and their direct opposites in subjective or unknown symptoms and pathology. (For more insight on this question, see "Majors and Minors.")

If pump does more, per hour or per day, than is needed, we drain well but flood land. If pump does less, per hour or per day, than needed, we flood well but drain land. Either condition is bad for crops. Too much drowns seed; too little dries it up.

To make comparison more consistent, we must regard fluid as a constantly passing commodity. It is never in a state of staying. It, like mental impulses, must be in transit at all times, otherwise stagnation occurs. We say that we think WITH our brains. We don't, we can't. We think THRU them. We think only as force flows THRU brain. Electricity does not give us light. It is traveling or flowing electricity which does. Electricity must be in motion to secure resistance of carbon; it is this resistance to a traveling current which gives heat, and heat is light.

Having read Serous Circulation in Volume 2, you are aware that kidneys are to it what blood is to blood circulation. Just as heart sucks in venous blood from system and pulmonary blood from lungs, just so does it also push forward and out arterial blood to system and push venous blood forward into lungs to be oxygenated. Kidneys are pumps which sap to them all refuse fluid from all parts of body, put it thru themselves, which is the last filter, and then shove it on into reservoir to await convenience in disposition to outer world. They are the great final medium in

controlling principles of supply and demand; upon THEIR action rests largely question of SYSTEMATIC quantity and quality. In questions of valuation there would be little difference, in our opinion, between lungs, heart and kidneys. Without one life would depart quicker than with another; but in living, one is equally as important as another.

Kidneys can be aptly said to sap from body and push it forward to bladder. System drains its areas to kidneys. Kidneys receive it, make an internal secretion of it, pass it on and dump it into bladder.

We have a method by which we can tell rhythmic pulsations of heart; lungs have a known respiration and exhalation. We do not know contractions and relaxations necessary for glands, including kidneys in this category. They have such, and each would be as rapid as conditions necessitated.

For purposes of explanation only, we are going to assume that normal contractions and relaxations of kidneys are 100 per minute — too many perhaps, but this figure can best be divided to bring out a comparison. As a result of 100 contractions, it can regulate to a nicety amount of fluids which will come to it from body side and by so regulating it can hold back whatever would be in excess. Kidneys are like sponges; every time they squeeze they exude onward a fluid which we shall now call urine. As a result of the 100 contractions a minute, we are issuing forth to bladder 100 given quantities of urine to be expelled.

Suppose kidneys were to contract 200 times per minute. They would draw towards same, from systemic serous circulation, twice the amount of fluids to be normal. Body goes dry, but we urinate twice the amount we should. What comes in one side of kidneys must go out other. It must strike its balance. Just as we see objective of too frequent urination, so does subjective exist, also, of drying body.

Suppose kidneys were inactive, paralyzed, contracting only 50 times per minute. They would fail to draw towards same from systemic circulation normal quantities of urea. Only one-half of what it should will come. Body is taking IN, per mouth, approximately usual quantity; as a result the body becomes waterlogged and we have dropsy somewhere. What fails to come into kidneys, fails to pass thru, therefore is retained in body.

Objective symptom is lack of urination. Subjective is that our body has too much water somewhere.

Human body is fearfully and wonderfully made. Starting water at its natural entrance, mouth, it then goes to stomach, to intestines, at which time it begins a dual existence. After passing thru its many transitions, it will be eliminated in two ways, viz., perspiration to skin, urine to bladder. It could be called a superficial or insensible elimination and a deep or sensible elimination. Ratio, of course, is largely of bladder as carrying majority.

It is a well-known and established fact now that when kidneys overact, skin goes dry; and vice versa, when kidneys cease to act in normal pulsations, skin becomes excessively wet. When kidneys drain body, they remove from superficial tissues chemical elements and by-products they must needs have. When kidneys cease to draw sap from body, they dam back into tissues elements and by-products kidneys should drain off.

When kidneys work too rapidly, skin suffers for want of perspiration; it becomes dry, itching; blackheads, pimples and other like rashes appear as in all eruptive fevers. If kidneys cease to act, odor of urine is detected in pits of body, as in groin and avillae.

As a result of this simple and general observation, four possible conditions stand forth as an axiom:

1. We can and do have a wet external or superficial body with a dry internal or deep.
2. We can and do have a dry outside skin with a wet body internally.
3. If kidneys overwork and secrete too much, far beyond normal, they may even drain all superficial and deep tissues, producing a dry outside and inside.
4. If kidneys underwork and secrete and excrete too little, far beyond normal, they may dam back all superficial and deep tissues, producing a flooded inside and outside.

In using terms "wet" and "dry," we mean them as contrastive or excessive between "moist," which is normal state of tissues in this comparison.

Idea herein laid down is a simple principle of common-sense, which is uncommon when applied to human body. Heretofore, either objective OR subjective has been discovered and made basis of diagnosis. Now we have learned to take both objective AND subjective to make a deduction as to origin lying midway between one and other and reduce it to normal to temper excess of one with minus of other, thus bringing excess internal wet man and minus external dry man (or vice versa) so that he is moist all over.

Principle here brought forth is fact of irrigation, of evaporation, of refrigeration. Human body was original irrigational system upon which all irrigation theories and systems have been worked out. It was the first machine which utilized now well-known principles of evaporation and radiation for cooling off cylinders and other tissues. It was likewise first padded box to utilize principles of retention of heat and evaporation of flowing fluids to make heat and cold at will. Innate heats and cools her body, in parts or in toto as circumstances demand.

Fundamental principles incorporated in farming, making deserts fertile; machinery, locomotion; producing ice and transporting heats—we ignore in human body and in our dealing with same principles when abnormal in them.

Man must drink water or other fluids to live. True, man must do other things also to live, but in this we are confining ourselves to one idea as far as it goes to study of secretory and excretory anatomy and pathology, physiology and its symptomatology.

Man must eat, and practically everything he eats contains fluids in largest percentage. All that he eats, be it vegetable or animal, could not have been contained in its present form were it not for waters, in solution, which made it possible.

These vegetables and meats enter mouth, and there mix with fluids; pass thru throat to stomach, and there mix with more of them; enter intestines and there dissolution process continues. "Dissolution" of what? Separation of one kind of fluid by actions of other fluids to make it into a third kind of fluid so that it will not only be acceptable but subject to assimilation in tissues farther on to which it must go.

Passing thru walls of intestines it begins a 72-hour grind to be passed from one gland to another, to be volley-balled backwards and forwards, passing thru many glands of our human laboratory, one after another; constantly changing its form either by subtraction or addition; elimination or absorption. So multitudinous are the many forms which this original common form of secretion starts, that no man has been able to name them or their different combinations of chemical elements. Some of most common are known, such as bile, splenic fluid, thyroid juice, etc., but when it comes to minor glands scientists become muddled, addled and confused.

We make no claim to pick it up where they leave off; neither do we claim to know what they know as well as they know it. Our only claim of originality, as outlined under lecture of Serous Circulation, is to outline a practical working basis of general passage of secretions and excretions as a totality, their origins and finals and how their functions can be, in detail or in gross, interfered with, and what is necessary to be done to get them to working normally, either in detail or gross.

It is the observation, taken as a whole, new viewpoint on old matter, new construction placed upon those observations, that makes this subject of value. Whether it agrees with what science has worked out on paper, matters little. Vital issue is, just as Sajous has declared, does it work out in clinical deductions? And therefore we are pleased to say it has been tried on many thousands of cases and not found wanting on any. Between May 1, 1909, and May 1, 1917, over 17,000 cases were registered in our open clinics, so opportunity for proving or disproving was not wanting.

(At this juncture student should stop, review "Serous Circulation," if he hasn't already done so, then come back and pick up the thread of this outline.)

Suppose we had a perfect boiler and engine, with no water, no steam, therefore no motion in engine. What good is it? Suppose we had a perfect human boiler and muscular motors, with no water, no combustion in tissue cells, therefore no motion as a direct result and heat as a by-product, and a liquid by-product waste to cool off. Without water, what good is it?

Suppose we had a perfect engine. It has joints which must be oiled. Oils are by-products of excrescences, offals. Suppose we

had no water to have by-products made from in other tanks, therefore no oils to lubricate its joints; therefore stiff action, friction, hot-boxes, and metals "run," etc. Water and its by-products are essential to prevent these things. Our human machine is no different. It has joints which must be oiled; and, if they are not, all that occurs in any other engine occurs in this.

Plant an acorn in ground. Given dust in which to plant it, given elements of time and heat, it still would cease to grow until moisture is added. Growth is but EXPANSION of materials it already contains. Growth of foetus is but an enlargement of materials contained in embryo. As moisture is added to acorn, its minute and microscopic cells expand, shoot forth for greater space and as a consequence we have what is commonly called "growth." Growth of any kind is but expansion. Expansion in all instances is dependent upon moisture as a primary impeller.

Dry tissues dissolve, separate, do not cling together. Elements of which they were composed pass thru dissolution rather than enlargement. Only element which is added to anything that is going thru condition called growth, is fluid in some one of its many forms. Only difference between weight of a man of 30 who weighs 150 and the man of 30 years who weighs 100 pounds is difference in ratio of water in their bodies. Only difference in size is one of individual size of his cells. In the baby it has same number, but they are smaller than in an adult.

Every tissue structure in body has same form. Bones, muscles, ligaments, cartilages, connective and supportive tissues—all must expand as individual enlarges from baby to adult. We are constantly shedding tissues of each of various and many kinds. These must be replenished, and they are by newly expanded cells which come to take place of those just lost. To perform this function, calls for a constant flow of fluid to do it with.

For example, take a tree. In winter it sleeps. In spring the "sap" flows upward thru "heart" of tree. New growth of wood from center outward, occurs; new branches expand, new leaves spring forth. This continues all summer—or so long as sap continues to flow upward and outward. In fall water begins to recede and just that soon growth begins to stop and tree lies dormant. Do anything to bark which would interfere seriously with downward flow of this sap, thru bark of tree, and tree will

die, i.e., cease to expand. A woodsman, desiring to kill a tree, cuts a circular niche all around bark of tree. It isn't long until all growth ceases.

Digestion is a condition brot about by fluids working on solids which contain fluids which must be extracted. To bring this about, juices which come from glands which empty into stomach and intestines must be in normal quantity and quality. Suppose one of these juices were absent, dried up, too thick or too thin, reduced to a poisonous essence or was so watery that its dilution made it of no value? We know you will agree that digestion would be impaired just to that extent.

By way of concrete example: Patient complains of indigestion, as commonly understood; goes to a physician; he examines case, examines vomitus, and finally announces that case doesn't get gastric juice into stomach. He prescribes an extract more than likely made from stomach of a goat or bull. This is wrong end from which to work. Kidneys have been, for some time, overworking to end that they sap from body fluid that should go to stomach glands and make gastric juices; but, because of its being sidetracked, goes to kidneys and out. No wonder case had indigestion. Stomach glands were secondary. Kidneys were first. Another example of very opposite: Kidneys have been for some time underworking. They won't take fluid from body. It is dammed back into system. For some time liver has been overworking; manufacturing too much bile. Natural direction of all fluids is onward. Urine and bile are both working backwards — into system — rather than towards its external. Bile makes a jaundice case; intestine does not get its bile; digestion is again interfered with. Intestine would be a secondary organ and kidneys and liver would be primary in this major.

We merely cite one organ and one gland. This could occur with any in any part of alimentary tract.

In electricity there are problems of "hooking up in series or in multiples." Same is apparent here. Glands, or organs, may all be working abnormally in unison, or they may all be working on dry side, or acid-making glands may be on wet side and alkali ones on dry side, or vice versa. Alkali glands may have gone dry, acid glands making their normal quantity — combinations that

could and do happen are seemingly so endless that it does not behoove us to attempt to make this a chapter on digestive symptomatology or pathology. Each case that presents itself is a problem unto itself and must be so solved to get direct and indirect facts that major may be accurately located. No matter how long you may "adjust" a wrong major, it will not do that which you want done on a correct one.

It is but a short step from indigestion to auto-intoxication (self-poisoning) and its broad field. "Poisons" as commonly understood are usually taken into body in a fluidic form or exist as extracts as withdrawn from vegetables in our bodies and pass around body as a fluid.

In Volume 5 of The Science of Chiropractic, Library Series, is to be found a very explanatory subject on "Poisons." We do not desire to reprint it here, altho subject matter, as covered there, would fit appropriately here. Fundamentals well laid down in that chapter are really an elaboration of this portion of our Wet and Dry Man subject.

By way of hasty review, we will quote a portion from pages 286-7-8 of 1916 edition, on definitions:

"The definition that I would offer would be based upon the knowledge that man is a triunity: (1) immaterial which moves the (2) mechanical, thereby producing the (3) chemical. These three phases must always meet hand in hand and work together, and are important in the order named. A definition would not be complete unless the three commingle, therefore: poison is any substance, introduced into, or manufactured within, the living body upon which Innate Intelligence, after becoming cognizant of its presence through the interpretation of the vibrations set up in the tissue cells, and knowing that such substance cannot be utilized in metabolism, but if allowed to remain in the body will be assimilated by the tissue cells and do damage, begins a systematic process of elimination from the body. Again the definition could be modified to mean, 'Any substance which was made for utilization in one place in one organized being, but by and through abnormal functions was abnormally changed from one place to another for which it was not intended, will be a poison to the latter place.' Or, 'Any and every chemical substance, made by the Innate Intelligence, was made for a purpose. To transplant it, artificially, into some other object for which it was not made by Innate Intelligence is to create of it a poison.' Or, any chemical made within the body of any organized mechanical subject, having

in process of constant formation one or more chemical combinations, direct and guided through the creation, transmission and expression stages by an intelligence, the product of which may abnormally occur in excess, then that excess of chemicals becomes a 'poison' to the body, although a normal amount be not a poison. The amounts and normalities thereof are to be judged entirely by Innate Intelligence, not Educated man; food for the object for which intended, but poison to the object for which it was not intended.

"This follows the old motto that 'Food for one is poison for another.' This being true, we find, then, four possibilities that enter into the study of poisons in the body.

"First: MISPLACED GLANDULAR PRODUCTS; that is to say, when thyroid juice in Mr. A. has been transposed from the thyroid gland to the liver. That is misplaced glandular product in the same individual.

"Second: EXCESS OF GLANDULAR PRODUCT: as, when the liver produces more bile than needed, than is normal. The bile in excess of normal becomes a poison to that body. That amount which is normal is not a poison even though chemistry might show that the chemical action of that which is in excess was identically the same as that which was normal. The fact remains, however, that the excess quantity is a poison.

"Third: TRANSPOSITION OF ANY NATURAL SECRETION, plus or minus, from A to B, or from an animal into man, or vice versa; that is to say, a thyroid secretion from a dog forced into man would be that much of a poison to man.

"Fourth: THAT WHICH INNATE INTELLIGENCE CANNOT USE IN METABOLISM. Any secretion, whether injected from outside to inside, whether in excess from inside and transposed, or whether misplaced from one gland to another, if that secretion or excretion is not for bodily good, then that proves it is objectionable to Innate and will be excreted as a poison.

"Poison is a word expressing the contempt that Innate holds for that secretion or excretion in the body in her attempt to expel it. Educated man is not aware of Innate's attitude toward secretions and excretions until such time as Innate has acted upon it, which act is indicative of Innate's attitude, which proves that it is poison."

There is but one eruptive fever, viz., a fever with which there is an eruption.

Imagine a condition, based upon premise that kidneys are underworking, paralyzed, if you please. They refuse to drain from body its just and reasonable poisons. They are being manufactured so long as body lives. Not being able to go out thru kidneys, poisons are compelled to back up and come out thru skin.

There is no way of approximating percentage of liquid refuse which should leave by skin and which should leave by kidneys. But, for purposes of explanation, let us assume that it is 75 per cent by way of kidneys and 25 per cent by way of skin. If kidneys carry off but 25 per cent, then 75 per cent must go by way of skin.

To this condition add a general fever. What is net result? An ERUPTIVE fever. Eruption comes from skin carrying an overload of poison, to which you now add fever, and you have a hot skin which closes pores. As a result, you have an "eruption" much like volcano of Kilauea.

An "eruption" among volcanologists is that state of affairs where there is a manufacture of heat and gases beneath crust of skin of earth and there is no usual or natural exit. Manufacture of one and an abnormal retention of same, sooner or later demands an eruption for exit.

Condition that happens to volcanoes is same condition which happens to skins. Surface of skin of earth is in no way different from surface of skin of human body.

We are led to believe that there is a difference, in some instances slight, in others very great, between different manifestations of eruptive fevers. Volcanologists make same distinctions between different forms of volcanic eruptions. But after both are thru, conditions underlying all are same.

There is little, if any, difference between scarlet fever, measles, rubeola, chickenpox, variola or smallpox. They are relative terms expressive of relative conditions. In all, underlying conditions are identical except in degree.

More poison, less heat, indicates one phase. Less poison, more heat — another phase. There is little use for any squabble over diagnosis of any of these.

If a subluxation occurs, produces pressure upon nerves, hinders flow of secretory or excretory function to kidneys, kidneys are paralyzed, they refuse to sap fluid poisons from body. This dams back poisons into system, into skin, then skin carries an overload. Certainly no one would contend that subluxation or any of its intermediate steps were "catching."

One person may have a trifle more color, one pustule may be pitted whereas another is not, one poison may be green or another yellow — what matters? Why waste time haggling over rotten specks? Conditions are important. Get back to their cause!

It does not matter much whether poison is manufactured; is kept internal or external, using these words as heretofore explained. It is essential to know whether liver is poisoning itself, or stomach, or whether liver is damming back its fluids into skin as in jaundice, or whether addition of heat in skin with a general poisoning is making an eruptive fever. This knowledge is what determines location of major and upon that depends whether case drags to a chronic or a reversal of conditions is quickly brought about in acute cases.

When approaching a case, it is very easy to determine: First, that there is a fever, it is general over body, most at CP and least at furthestmost extremities. This requires no great judgment, intelligence or hyper-education of symptomatology or pathology. Second, that kidneys have not been carrying off their excretions in quantity as per usual. This proves that if they don't and can't go one way, they are going to get out thru other great emunctory, if possible — skin. Knowing major, what matters it whether you can as intelligently and scientifically squabble over whether this is a mild case of smallpox or whether it is a severe case of chickenpox, when line between is but splitting hairs and neither one, if right, would get your case well?

This construction on all eruptive fevers — granting no exceptions — is as true as any fact could be. Proof exists in such unlimited quantity that only a fool or knave would dispute it. Any Chiropractor is competent to prove its correctness at any time upon any number of cases.

If it is true that body is even now suffering with an overload of poisons, dammed back, what is logical sequence of what happens when more poison is artificially, educationally and forcibly injected into body? In what way can more poison relieve congestion of too much? Suppose excess was an acid — and nobody knows — does injection of an alkali so dilute it that it can and will get back to kidneys and do what they could not do before? Vice twist does not make it one whit better.

Call addition of poisons what you will, serum, anti-toxin or vaccine, it matters little, condition remains same, except to add more poison to overload which we are now trying to get rid of. It's a question of construction at fundamentals.

Serum does not loosen skin and help it to dump its load; it does not cause kidneys to get into quicker or greater action and draw back that which they formerly refused to pass out — it gets between the two and aims to do something which is not clearly deduced by scientists (?) who do it.

(Should reader desire to go into this question more thoroly, we suggest he read "Are Diseases Contagious or Infectious" in Volume 5 referred to above. We also discuss epidemic phase of question.)

Diseases are questions of combinations of various functions, in different degrees, in different localities.

Suppose a secretion could not become an excretion, via kidneys, it would needs go to skin and there have exit. If it came in excess quantities, it would produce dropsy if it was thin and copious in its flow. Suppose same condition existed, but it came in excess quantities and was thick and viscid in its flow, it would produce pimples, blackheads, whiteheads, acne, eczema, rash, chap, etc.

Suppose either of these conditions existed in a localized region, then dropsy or eczema would be confined to that region only. If it were general, then effect would be likewise.

Suppose to either of these conditions, localized or general, there should be added a fever. In localized region, it would be a fever WITH rash. Should rash be general, red in color, and fever general — one of many forms of an eruptive fever would be net result.

Skin diseases are as multitudinous as imagination and interpretation of various glands, poisons, localities, degrees, combinations, etc.

Instead of wasting needless and useless hours studying types, which exist twice in same way, in same degree, in same combination in two people, how much better it is to weigh relative difference between broad fundamental conditions, thus striking at roots of things.

It is not uncommon, with measles, to have them checked so they never "come out," they "are driven back in" and you should worry. When that occurs be satisfied that that for which you were working has occurred. Fluids should be retraced backward. Why worry when that for which you are working has occurred?

Skin disorders are a specialty with scientists, physicians and surgeons. It is but one of many conditions that are simply and practically analyzed into a solution that is easy and divisible. Instead of taking unknown and magnifying it, we take wet and dry man and microscope it to small form.

Glands are of many kinds, each with a duty all its own which cannot be duplicated or doubled with any other. They are of various sizes, some large, others small; they are distributed from brain to feet; each has an internal as well as external secretion and excretion.

Some of these glands are known to have "ducts;" others, we are told, are in doubt. There is none "in doubt," in our opinion. Functions of some are known and many are unknown, altho "it is supposed," which leaves everything begging. It matters little whether we know every gland and its every function or not so long as we can pull throttle and increase or shut off power which regulates them all, irrespective of location or duty.

Glands are known and unknown conditioning facts of hundreds of diseases named and unnamed. "It is believed" is very common when referring to glandular troubles. "Safest" way, when in doubt, "is to remove them." Therefore glandularotomy is a growing hobby among surgeons.

All glands in human body, duct or without, known or unknown function, are but a part of a great chain of Serous Circulation. They are connected directly and indirectly with each other. Their first source of supply and their final dumping ground for their refuse are same. Change is that of an intermediary. Gland is of importance only so far as it is a local spot in which a local may be involved; outside of that, beginning and ending are important points to know.

Man was born to die. He was given life to sustain, to prolong and to produce and reproduce his kind. This is done thru a special series of sex organs given unto each sex. Majority of organs are glands.

Man, after birth, is a productive animal. Not so, tho, with that portion of him called sex. These organs and glands are reproductive. They select from body those fluids necessary to reproduction. Neither sex alone, however, is capable of doing this. It takes dual productions to make individual reproduction.

Neither would any of this be possible, as a unit or dual, were it not for various combinations of fluids both secreted and excreted at proper times and under proper circumstances. Thus, fluids are important for reproduction. Without them, male and female or both may be sterile, dry, barren, non-productive.

Take individuals who are barren, give correct adjustment, and they become productive. This has been brot about in so many cases that it is an axiom.

Assume that it were possible that a young man, in bloom of health, virility, productive and reproductive, becomes arbitrarily and at will, a masturbator. (As a matter of fact, it can't occur this way, but for purposes of hypothesis only, we are assuming that it could be.) Let him do that act of practicing this habit and it is but a question of time until he will gradually lose his memory, become lethargic and finally become a raving maniac. He becomes nothing short of insane.

Act is with sex. Effect is with brain. What connection exists between sex organs in pelvis and brain in skull which connects the two? What connection exists between excess excrescence at sex organs and diminution manifest in brain? What tie binds excess use of sterility with lacking use of thinking?

As a matter of fact, sex organs produce a secretion which is brain food, with which mentality stands up, without which it totters. When masturbation is practiced, it drains food from brain, starves it, dries it and manifestation is characteristic.

Investigate every case of spasm family, epilepsy, and invariably masturbation is practiced. If case has spasms only and does not practice masturbation, then it is not epilepsy. Largest percentage of insane cases in average institution are sex perverts

in one form or another. Abuses of sex functions drain body of sex foods and brain suffers. His thots become sticky, thick and gummed; eventually to lose all reason because thereof.

It is but a step from overuse of sex to gonorrheal-rheumatism, sex infections, etc.

In given case of sex-insanity, known so scientifically and so ably written about by Kraft-Ebbing as *Psychopathia-Sexualis*, what is to be done? Adjustments alone prove sufficient. If unnatural habit can naturally cease, fluids will remain in body, go to their natural places in normal quantities, and reason is restored. Fault lies not in a wrong secretion or excretion but in its unnaturally being forced out of body, rather than a natural use of it in brain via body.

In given case of epilepsy, subluxation of atlas is necessary because that has to do with spasm.

Wet and Dry Man has much to do with self-production as well as dual self-reproduction. We might make these comparisons as broad as manifestations of pathology which encyclopaedias alone try to cover, but we much prefer laying down broad fundamental principles and letting you make application to any symptoms which appear under any condition.

There is another form of insanity that is frequently met with. It resents no symptoms of sex-insanity, neither is there any direct insanity residing in an otherwise healthy body. It does, tho, come squarely within purview of being a secretory-excretory-insanity.

If kidneys are working overtime or underdoing, the brain, with rest of body, becomes too dry or too wet. Same form of insanity can be had assuming that atlas determines locality to be involved and kidneys are working overtime or undertime and manifestation is first noticed in weakest place, which would be brain.

We speak of "weakest place" because it is local subluxation which determines where general condition will find its greatest dumping ground for its excess, if such it be, or will be drained first if it be a minus condition.

Examples: Kidneys are working overtime. Fluids are not being carried out of body. They are being dammed back into Serous

Circulation. They must go some place. Logically, they will dump first and most into weakest place to offer resistance to their penetration. This place is brain, if an atlas subluxation exists. Brain becomes waterlogged. Thinking is cloudy and thots are anything but clear. Who ever saw a hydrocephalous case with a clear-thinking brain?

Kidneys work overtime. Fluids are being carried out of body in excess quantity. Body is drained of that which it should naturally retain a period of approximately 72 hours. Tissues, when working normally, have a selective and retentive power on that which comes to them. When atlas subluxation exists, it weakens selective and retentive power of brain cells upon fluids, lets them go, and brain suffers first and most for want of fluids which kidneys are draining. Brain becomes dry. Thinking is cloudy and thots lose their logical sequence. Who ever saw a case of advanced diabetes with a normal thinking brain?

This is called wet-brain-insanity or dry-brain-insanity because it is premised on that condition. Sanity and insanity are comparative terms of state of brain, which is seat of reason. As the brain, so thot.

In this connection we must remember that it is only educated brain which becomes insane, never innate brain. Chain of consequences which follows educated brain insanity with its educated body insane movements is endless, for body action accommodates itself to quality of brain thot, no more and no less.

Let us, by way of review, weigh, briefly, some of many conditions which can and do occur from involvement of each primary function under consideration of wet and dry man.

1 — X has to do with EXPANSION of tissue cells. If tissue cell center (and it matters little which kind of tissue we consider) is dry, cells cannot expand, come forth and take place of those which we lose by natural growth or by those demanded as result of contusions, impaction, concussions, compactions, percussions, burns, fractures, etc. Not getting tissues, body wastes for want of cells to take place of those we lose.

Very opposite may occur and produce identically same condition. If tissue cell center is crowded with water, more than it can use, it becomes clogged, puffed and hence could not issue nor-

mal ratio of cells, consequently function would be sadly impaired. Center could no more perform its function than a dropsical leg can move about freely and support body of owner.

2 — T has to do with SECRETION proper in all tissues, more particularly glands of all kinds, large or small. If unit of construction, tissue cell, is dry then chemical combination becomes reduced to an essence, it becomes a poison to that extent and quantity is decreased and its quality increased. If cell is waterlogged, chemical combination is diluted to that extent that its quantity is increased and its quality decreased.

3 — E has to do with EXCRETION proper in all tissues. If cell is dry, then quantity which issues from that cell which should go to another place is diminished to a smaller quantity and higher state of essence. If cell is waterlogged, chemical excreted is increased in quantity, altho decreased in quality to where no other part receives what it should.

With secretion subject to being reduced to an essence and excretion subject to being increased to a dilution, it takes no great imagination to show where any one organ or gland might trail an entire series of conditions, one of which might be considered major when it might be minor.

As a given example, note jaundice. Every other fluid is either diluted or essenced with bile. Entire system of secretions and excretions is disorganized. It would be without reason to blame every fluid for its condition when liver is over-secreting and same thing is being dammed back into system by kidneys.

4 — Y has to do with REPRODUCTION in all sex organs, male or female. If organs are dry, seminal fluids are decreased, dry-births occur, etc. If organs are water-logged, tissues become dropsical, tissues are crowded for want of space, hence can't do their normal duty. Just as there trails a series of symptoms following a dry-birth, so does mother find it difficult to carry a child if she has dropsy of abdomen.

5 — C has to do with CALORICITY; that portion which furnishes oils which help in process of combustion. Man is much like gasoline engine. It must have electric spark, gasoline, oxygen, gasoline gas, a cylinder and a circulating cooler. Tissue cell is cylinder, mental impulse is spark, intercellular serous flow is

gasoline; blood carries oxygen to and carbon from. Mix these ingredients well and you have a serous gas which mental impulse explodes and you have caloricity as a by-product. Intracellular serous urea flow cools cell after explosions.

So far as this subject is concerned, we are concerned in heat and to get this it is necessary to have gasoline (serum). If these calorific fluids are in minus, heat is accordingly raised and retained in body and we get a fever for want of sufficient intracellular circulation to cool cell-cylinder. If calorific fluids are in excess, then cylinder is flooded with too rich a mixture, combustion is accordingly reduced and heat is depreciably subnormal as in a dropsical leg.

6—M has to do with MOTORICITY in muscular structures, superficial as well as deep. If muscular secretions are in minus, muscles get no lubrication and they work stiff and hard same as any moving part of any machine which was not kept well oiled. If same secretions are in excess, then muscles are waterlogged, and move only with greatest difficulty.

7—R has to do with REPARATIVE functions of all tissues. Fracture a bone; it must be united with symphysis or exostosis, which is but expanded osseous cells coming from an ossific tissue cell center. If cells do not get their fluids they cannot expand in sufficient quantity, a lack of reparation is noticeable and fracture refuses to knit or unite. If same cell-center should be waterlogged, then cells would have greatest difficulty getting out of tissue cell-center, from where they were expanded, to where they are needed. In case of abrasions, contusions, or fractures, such excess fluidity would reduce adhesion qualities, by dilution, of cells should they properly be placed where they were needed.

8—N has to do with NUTRITION of all parts of body. Nutrition is a property of selection by individual cell of fluidic materials it most needs to perform its particular duty in metabolism.

If secretions are minus, cell could not select what it needs, cell becomes depleted, emaciation occurs and anaemia exists. This is usually blamed onto blood; but, thank goodness, blood era is passing out and serum age is coming into its own. If secretions were in excess, then body would be overfed and hypertrophic conditions would exist such as a very much enlarged arm, leg or body, commonly known as elephantiasis.

In case of anaemia, REPLETION is needed. In case of elephantiasis, DEPLETION must occur. This is brought about by a correct analysis of case, determining majors according to localities involved, always adding KP as determining conditioning factor.

By way of interjection, let us assume a case of local paralysis of an arm. We recall a case of a boy of 8, son of a physician of Portland, Oregon, who came into our pit. History showed trauma occurring as result of a fall from a hayloft two years previous. Ever since, left arm has been completely paralyzed and upper part of right arm. Father (physician) was uncertain whether it was result of accident or infantile paralysis. Knowledge of palpation and analysis soon cleared difference. Left arm had greatly diminished in size, right arm was much smaller. Physiologists tell us "Wallerian degeneration" has occurred. Degeneration has a fixed definition meaning to die, to decay, to be dead. And, what is dead cannot by any manner of means be returned to life. There was no denegation in this arm. Tissues had become depleted, tissue cells had collapsed, hence no nutrition, hence lifeless so far as use was concerned. When subluxation is adjusted each tissue cell will have returned to its selective-assimilative action, cell will enlarge, get its food, have its strength, and arm will fill out to normal size. REPLETION will have taken place. There was no degeneration.

9—There are 9 primary functions. The 8 just given are all efferent functions, meaning thereby that they flow from brain to body. The 9th is afferent and deals with afferent half of the 8 preceding. Each efferent function, upon its completion, or lack of it, either in excess or minus, gives rise to a certain corresponding vibration of matter, which vibration, when it reaches mind in brain is interpreted and known there as SENSORY function. The 9th function is always adaptative to the other 8. QUALITY of 9th, or sensory function, is based upon QUANTITY of the 8 that get into action. If one of the 8 is less than normal, feeling will be less; if one of the 8 is in excess, then feeling is likewise.

Hastily reviewing, we have introduced, under this subject:

- principle of growth.
- principle of digestion.

- principle of self-auto-intoxication.
- principle of eruptions with eruptive fevers.
- principle of skin disorders.
- principle of glandular enlargements or diminishments.
- principle of self-production and dual-reproduction.
- principle of sex-insanity.
- principle of wet-and-dry-insanity.
- principle of reparation.
- involving of each of primary functions.

This covers quite a multitude of bodily sins. We have involved many of the important systems of body. It does not need elaboration to show that when any one subject is so broad as to include endless symptoms and diseases that cover that range, that it must be important and worthy of deepest consideration in analyzation of cases and their adjustment.

Man can study man in two different ways: First, as an anatomical and pathological, physiological and symptomatological, and chemical being, accepting standards of past on all these. Second, as a spiritual, electrical, mechanical, irrigational and chemical producing being. Former can be studied by such routes and means that very little be known of second. Second can be studied in such a manner that very little of first need be known.

Putting same statement in another way: A man may be "away up in G" on first line of subjects and know practically nothing of second line. If he is, he's a physician and that's why he thinks Chiropractor knows little. Another man may know a great deal about second line of studies and know practically little of first. If he is, he's a Chiropractor and that's why he thinks physician is of little practical value.

It's a question of viewpoint. First thinks his subjects, as he studied them, are all essential. His patients die. Second thinks his subjects, as he studies them, all essential. His patients live. Who knows?

Speaking of "spiritual" — spirit of man (his Innate) is always right; always all-right; always in unlimited quantity and of proper quality. Second, after "spiritual" has entered man, it becomes human "electrical," therefore if first is normal, electrical

activities are going to be normal, can flow and will flow if no obstructions are artificially or abnormally imposed. Third, if human electrical forces can't flow, because of some obstruction, "mechanical" machine can't work and mechanical motions must stop, and "chemical" product of that machine is being interfered with. Fourth, if machine stops running, the pump, which was one of engines it ran, must stop pumping and human farm suffers for want or excess of waters it does or does not, should or should not get, therefore "chemical" goes to bad.

Putting same question in pungent form: It is best obtained by working from first premises to consequences, step by step:

- 1st—Universal Intelligence.....Its consequence is
- 2nd—Innate Intelligence.....Its consequence is
- 3rd—Human Electricity.....Its consequence is
- 4th—Mechanical Action.....Its consequence is
- 5th—Chemical Equations. This is process of analysis, not synthesis. In making this, we have considered only abstract side, knowing you will see this could not be without concrete matter thru which to perform it.

Dry or Wet man conditions can be direct or indirect:

Local or general.

Involve a system or systems.

Be confined or interrelated.

Major or minor.

Pathological or consequential.

Negative or positive.

One part dry and another wet.

Inside wet, outside dry.

Outside wet, inside dry.

Adaptative or retracing symptoms, and

Be normal to abnormal condition which they tend to assist.

That region of human body which is most important is spine.

When kidneys drain bodies they poison themselves with essences. When they dam back fluids, they poison other tissues with an excess. With 99 per cent of human beings, who consider themselves more or less well, walking poison factories, it is little

wonder that epidemics are so common and that a trifle more or less of additional external artificial poison puts them down with a superficial rash which becomes havoc playground for health officers to fiddle and piffle with under quarantine.

Says one cynic: "Do you mean to tell me that everybody who gets down with smallpox must have a subluxation? If subluxations are caused by accidents, must all these people who get down in a district with smallpox, all have same accident and produce same subluxation at same time?" The answer is simple: They all had same subluxation previously; poisons were in their bodies before advent of "contagion" or "infection."

There is no way of accurately saying, but it is our opinion that 50 per cent of dis-eases of human body are directly or indirectly attributable or contributable to suffering that tissues undergo for want of proper quantity and quality of products having a source at kidneys with consequential subluxation.

There has long been a mysterious line of cases which would go to physician after physician and baffle them all as to diagnosis. It was not because certain objective symptoms could not be ascertained, but because they were so complex that they could not be classified and systematized as with others. Knowing no source or ending, they could not give definite information about them. It was this class that caused us to analyze the known and proceed to the unknown; to proceed from simple to complex.

We confess openly and frankly our concrete ignorance of many laboratorial facts regarding any or all of statements herein given. We make no claims to being a laboratorial fiend or having dieted ourselves on nth degree of superficiality of their tactics or methods. But this we do claim, that every statement herein made is solely, entirely and exclusively based upon observations in clinic, day after day; yea, year after year. There is no statement herein made that won't stand most elaborate and careful scrutiny of clinical cases, both theoretical and practical. And, after all, what matters it whether laboratory proves or disproves so long as clinic always proves that sick can be made well under known hypothesis based upon its own?

Howard Nutting said, before UCA Convention, when referring to specific adjusting, or major work, following: "So when you adjust the DIRECT cause of any abnormal condition AND NO OTHER you will find that when the condition of the organ in question is normal that the other subluxations are automatically adjusted by Innate Intelligence."

Hypothetically, let us assume a case:

Dry muscles of legs.

Contractured ligaments, difficult walking.

Straining to walk, adaptatively produces a subluxation.

Dry muscles become moist.

Contractured ligaments relax to contractions that are normal.

Subluxation now adjusts itself to normal, without other means than internal.

All net symptoms which occurred from subluxations are gone.

History repeats itself.

Ancient Greeks had sole idea that ALL dis-eases came from one of two premises:

1st — Heat, or its absence.

2nd — Water, or its absence.

Think over dis-eases in which acute or chronic fever, acute or chronic chilliness, excessive or minus secretions or excretions occurred, and you will be surprised to note that they include "diseases" by thousands, as now commonly diagnosed and listed in usual works on that subject.

At one time we gathered a list of them, intending to include in this talk. It grew so voluminous that we soon gave up such a thot.

Ever as "history repeats itself" we are here and now, with this subject, going backward to "theory" of Greeks to go forward to original present-day principles.

Obvious appears to again be last thing we think, see or do!

CHAPTER 78

The Story Of

MAJORS AND MINORS

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PRELIMINARY HISTORY OF ADJUSTMENT

First patient who received a Chiropractic adjustment was Harvey Lillard, a colored man. Incident, in brief, follows: He had been deaf 17 years, so much so that from Fourth Floor of building where he was janitor he could not hear wagons moving or street cars rolling on streets below. When asked how he became deaf, he explained: "While in a cramped, stooped position I felt and heard something pop in my back. Immediately, I went deaf." To a student who was observant, that would be an accidental eye-opener, and it was to D. D. Palmer who asked, "What is the connection between the back and hearing in the ears?" He examined the back. By good fortune, in first case in which a spine was examined with that thot in view, a LARGE bump was found. It was not a common bump we feel today in palpation, but so prominent it could be seen with eye.

Following consequential reasoning occurred: If there was no bump when hearing was good, and production of this bump destroyed hearing, why doesn't reduction of bump restore hearing? First attempt to correct what is now a sublūxation, was then made. Patient was put upon floor, face down, and a shove-like movement given. "Bump" was reduced by first three shoves, and in three days hearing was restored. Harvey could hear a watch tick at average distance.

Next question was: if the reduction of one bump in one man restores hearing, why won't a similar bump, in other people, produce deafness; and if it does, why wouldn't reduction of these bumps, in the same way, restore their hearing? It was tried on others. By a peculiar series of circumstances, results did not come as readily in their cases, but eventually they came.

Then third question arose: If a bump in the back caused deafness, why not other parts of spine produce other dis-ease? So our question has gradually enlarged until by a systematic systemic

series of investigations, covering years, we have Chiropractic of today.

Education advanced. After a period we ceased calling them "bumps." They became "dislocations." We, at a later time, were impressed with idea that this bump was not a dislocation. It was, in reality, not a dislocation but partial, more assuming character of a luxation, yet not a luxation. It was a *subluxation*.

When we had assumed, as a matter of education, that breadth of ideas where they became *subluxations*, we no longer assumed to shove. We developed the "push and pull principle," which was of various forms and methods.

We began, at a following period, to study spine from a MECHANICAL point of view. Until this time, only people who attempted to study spine, as a machine, were osteopaths, although pathologically they still regarded man as chemistry and physics.

We confined our observations of mechanical ideas to spine, so much so that we brought out "Knowledge of the Kinematics of the Spine," both normal and abnormal, as to position, apposition and *subluxations*. We then began study of pathological, traumatic and anomalous conditions of spine. At that time began gathering of osteological collection which we now possess, for purpose of elucidating theories then held and propagation of others.

It became necessary that we know the human spine. That was keynote to study of CAUSE of diseases of man. We studied spines of all characters and thousands of other bones, that we might better reach a new thot or idea in progress. How well that has been done you know today. Hours, months and years were spent in study of "dead bones" to be able to give thoughts that may be taught in a few minutes. Yet it took years to reach conclusions given in a few minutes.

When we studied spine, mechanically speaking, we realized that "treatment" was far-fetched in its application, as describing the thing we attempted to do. Being a machine, mechanically constructed, mechanically *subluxated*, it should be mechanically ADJUSTED. Then came word "adjustment."

Approximately six years ago (1918) we began a series of clinical tests or investigations from a new viewpoint. We refer to

Spinograph. Until that period X-Ray had not been used in its application to human spines in living individuals for purpose of ascertaining approximate detailed apposition of vertebrae — normal, abnormal and traumatic. When we made our first series of *Spinographs* we were first to touch this vital question. There existed no previous technique for our observations or work. It became necessary to develop a system of taking spinographs to prove that subluxations existed, where and of what character.

We began tabulating these observations, which today we are ready to say makes another step. These conclusions are based on readings and studies of over 50,000 spinographs, all of which were taken in our laboratory with this definite end in view.

It is no longer sufficient to say we adjust with recoil. We are ready for our next step, which you may call "206," altho I prefer "Toggle-Recoil" because of its application by new series of observations made from spinographic facts.

History is "his-story," "his" in this case being author who has lived it, been cause for a large majority of it, therefore source of facts here recorded could not be improved.

FOUR VIEWPOINTS OF AREA ADJUSTED

From question of area of spine worked upon, there have been four viewpoints in adjusting work.

1. Originally we shoved but one of the back-bones and our patient got well. All of this was pure accident, for we did not know why this place should, neither was there a rule for application. Ask *where* to shove for this or that and we didn't know. Spine was unexplored territory.

2. Being unexplored territory, wishing to get our case well irrespective of what he had, knowing that it came from the spine somewhere, we shoved *every* back bone at each "sitting" each day. We began at 7th cervical and went clear down to sacrum — we did not shove cervical vertebrae in those days, we were afraid to. We shoved them all, one by one, on ground that (a) we didn't know where to shove for any one particular trouble; (b) we had no meric system, spine was not mapped out; (c) therefore hit them all to be sure to hit one involved. It was not a hit-or-miss proposition, it was a hit-'em-all method so we couldn't help but get the one involved. It was a case of lazy man's load;

being too indolent to think or reason we made a shot-gun series of shoves. Much like "Uncle Howard" Nutting says he "got the burglar in his house." He "started at the garret, went clear down to the cellar, shooting into every corner where a burglar could hide," therefore, "he was sure he got the burglar."

Notwithstanding this extreme shot-gun method was in vogue in Chiropractic styles of 1896-7; notwithstanding a major application of our meric system began in 1898, and major application went out of style and has been ever since; yet, inconsistent as it now appears, there is one lone advocate in our ranks who insists upon every-vertebra-adjustment idea today. Not being taught today in any Chiropractic school, not being known by largest majority of our ranks, it is not known except to oldest Chiropractors, hence when it is sprung at some meeting, it awakens a bit of interest not because of its reason or logic or brilliancy of deduction but because of its startling contrasting nature.

3. Third viewpoint came following deduction of radiation of nerves from specific parts of spine to specific organs of body. Meric system being basis, "specific system" of adjustment came into vogue. We now adjusted only those sublaxations for which patient had a dis-ease. It eliminated useless and concentrated on useful. It was direct, a sublaxation for a dis-ease. Thus its title — "specific."

4. Fourth viewpoint is our present "Majors and Minors" wherein we even make "specific system" a major and minor one in reality. Under this system we classify symptoms of four given troubles above and possibly find that two or three of the diseases this case has are adaptative to one or two sublaxations, hence are minors of major; adjustment of the latter taking care of the former. (More of this appears later.)

There have been in reality four periods in history of Chiropractic "moves." *First*, shove, with its variations from Nos. 1 to 78; *second*, push and pull, with its changes from Nos. 79 to 200; *third*, recoil, with its modes from Nos. 201 to 205; *fourth*, period of toggle-recoil or "206."

"606" CHEMICAL EXPERIMENTS COMPARED WITH 206 AJUSTIC "MOVES"

Our experience in this series of moves has been similar to that of Dr. Ehrlich, with Salvarsan, commercially known as "606."

We have our "206" in series of old moves as he had his 606 chemical experiments.

A Chiropractor who graduated from this School in 1896, is using old moves, from Nos. 1 to 6, unless he has taken post-graduate work; for, remember, first "move" was given on September 15, 1895. A Chiropractor's professional age can be judged by whatever "move" he may be using at this time. If shoving, you can date him; if pushing or pulling, you can give him a later date; if using recoil, he is more recent; but if using toggle-recoil, you can date him as of latest of late.

Let us not in these different steps disparage older moves, for each move was good in its time and place. Each represented elimination of bad qualities of moves preceding it. It incorporated good characteristic of moves gone before. It was improvement by elimination and addition. 10 per cent of Move 2 would be better than 100 per cent of Move 1. We would rather today know and use 1 per cent of "206" than 100 per cent of 205, or whatever moves preceded it, because of greater value, knowledge and result value in application.

It is said, upon reliable authority, that twenty years ago, when Ehrlich was a medical student in Berlin, as he made his rounds in clinics, he saw a preponderance of syphilis. Being a sincere student, an honest investigator, and a man with his heart with humanity, he made a vow that if it was within realm of his possibilities he would die leaving world a SPECIFIC for syphilis. It took twenty years of constant, Sunday and week-day long hours, vigilant work to reach (what he thought) conclusion of that vow. Twenty years this man sacrificed social activities and financial possibilities to reach that pinnacle.

Ehrlich, during twenty years, made 606 different chemical experiments, different chemical equations. He would perform one experiment, test serum, watch results to find that it succeeded in part and failed in larger part. He retained that which (he thought) was good, and that which was bad he eliminated; and by a process of addition and subtraction for twenty years and 605 experiments he reached "606."

It would be impossible, almost superhuman, to believe that Ehrlich did all this work alone. He had assistants. They worked with him from his first until last. It would hardly be expected

that every first assistant remained until last. It would be supposed that some would leave at some intermediate period, thinking they were in possession of THE GREATEST SPECIFIC, and would hasten to be THE FIRST to proclaim it to the world. Ehrlich put up with many unpleasantnesses with assistants, but be it to world's credit, no matter what statement was made by assistants bearing upon this specific, the world did not credit them, nor did they consider any specific until EHRLICH announced it.

Supposing one of Ehrlich's assistants left him in some of earlier years, entered a medical school, and began teaching these things. This man was a shadow and did not possess constructive genius of Ehrlich, he would not care to advance the work, but entered school TO SELL that which had been advanced up to that time. If an assistant in services of Ehrlich, while upon his 150th experiment, opened a school, he would naturally sell "150" and all behind that time rather than afterward. Supposing another assistant had stayed with Ehrlich between 225 and 320, and then started a school. He could not teach more than he knew, so it would not be exceptional to find there are many degrees of Ehrlich's experimentation upon the market today. To sincere student, physician who is working earnestly, conscientiously, constructively, *one who wanted best*, they would credit nothing but 606; although, be it to discredit of a small portion of that profession, there were those who grabbed any early experiment to rush to world with claims that Ehrlich could not make, knowing that in advertising of their relationships there would be FINANCIAL gain.

Ehrlich finally attained his "606," that serum which when given to syphilitics, male or female, black or white, did attain results he wanted. Even today, these claims have not been disproven. They stand as a matter of record. Every case now practiced upon succeeds in getting results wanted, and every physician who uses Ehrlich's "606" gets results Ehrlich says he can.

A SPECIFIC WAS MOST DESIRED

Webster defines "Specific" as: "4. Med. a Exerting a PECULIAR INFLUENCE over any part of the body; preventing or curing disease by a PECULIAR adaptation; as, quinine is a specific for malaria." *Dunlison* has to say: — "Specific. Remedial

agent to which IS ATTRIBUTED the special property of removing some particular disease; examples are mercury in syphilis and quinine in malaria." *Dorland* says: — "Specific. 3. A remedy specifically indicated for any particular disease." *Stedman* says: — "Specific. 3. A remedy having a definite curative action in relation to a particular disease or symptom, as quinine in relation to malaria, or mercury to syphilis." None do the word justice, in my opinion. If asked to define the term, medically speaking, we would offer this: — "A specific is that which, when applied internally or externally, would be of such a character, in reaction, thus always securing same result assuming that dosage was in relation to severity of disease, all else being equal." But, no two people are alike in health or sickness; no two physicians agree on diagnosis or prescription, hence, "all else" is *never* equal. A specific is as far from a possibility, IN MEDICINE, as a porcupine can play a pipe-organ. It possesses, as fundamentals, too many elements of guess.

As is usual, in all unnatural methods applied to pathology, which is so because nature is not natural, there comes the dangerous afterclap. In attaining "results" they trail a record that is worse. Individual loses sight, becomes deaf, sores break out, or he dies because of serous poisoning. Today, while "606" IS a specific, cure is more destructive than disease.

When we say "results" have been attained, we mean *desired* results have been secured. Desiring to divide 3 into 6, we add 2 and 2. Result is 4, hence we get what we want, but that is not correct solution to problem. Medical men have studied cases. They have realized that a poison existed in body which *they* say causes disease. They want an antidote. They *have* antidote. It is given to person to neutralize poison previously in body. Specific serum antidote is injected, it *does* neutralize poison. Person is now neutral, chemically speaking. THIS was THE object desired. It *has* been accomplished. That man may live or die, is immaterial; THE object most desired by physician has been accomplished. That man continues to be sick, or gets worse, or dies, is beside fact. "Results" worked for have been reached.

Assuming, as a matter of history and record, you were in practice of medicine, making a specialty of syphilis, and you became a student of Ehrlich. Would you, in approaching this master —

1. Ask him for that which he denied?
2. Demand of him that which HE proved a failure?
3. Go to some of his EARLIER students to get that which Ehrlich refused to give?
4. Why do Ehrlich's earlier assistants refuse to teach that which Ehrlich *now* proclaims a success?
5. Why do they teach that which Ehrlich now proclaims a failure?
6. Why do not Ehrlich's pupils teach Ehrlich's "606"?
7. Suppose you went to Ehrlich, who had spent 20 years, tried "606" faithful experiments, made 605 comparative failures, secured his coveted "specific," and asked him for a mixed assortment; an allotment, such as 7 come 11; 13 and 23; 69, 205, 319, 406, 523; but you did not care for "606" which HE said was best of all. What would HE say to you?
8. Would he sell anything short of his best, knowing that human life and successful chemistry depended upon his best?
9. If Ehrlich's aim were money, would he not give anything you wanted and would pay for?
10. If his purpose were to rob health at expense of human life, would he have gone on sacrificing year after year?
11. If Ehrlich were after money, why did he suffer ostracism, ridicule and financial deprivation, when he could have cashed in at any time and proclaimed to world that he had his specific and made a fortune?
12. Even though subsequent conditions proved patient had secured something worse than disease, Ehrlich would sell nothing but best at different periods he sold, if he sold.
13. What right would YOU have to criticize HIS ideas, HIS methods or HIS experiments, from HIS point of view?
14. If he sold 605, he did not sell anything short of that. He would not step down to that which was a failure to him, for cash. He was conscientious, truthful, true to humanity, true to his vow made 20 years previous in behalf of syphilitic sufferers.

We have originated, in 23 years, (1895 to 1918) some 206 ways of shoving, pushing and pulling, or recoiling sublaxations. It may

be said to our credit that some years ago we made a vow, never at that time having heard of Ehrlich. *"We would establish a universal adjustment which would accomplish most possible results, to greatest number of vertebrate family, which could be applied in shortest possible time, to greatest range and variety of cases, from mildest to severe types, acute or chronic, with least inconvenience in time, labor or cost to patient and ourselves; that this adjustment must be simple enough for layman and thereby great enough for savant. It was to be of that character that it could be used by majority of people the world over."* This vow has not been reached yet. We are gradually establishing a system whereby it can be cut in time, labor and cost by you to patient.

It is, in general application, all we could desire with exception that it is not yet in use by world at large. Time only will reach that portion of our vow.

Health, today, is comparatively cheap to what it was under older systems. Today you give an adjustment in a second and accomplish what no medicines or operation have ever done.

We, too wanted a specific. We wanted *our* knowledge, work, and application to such a nice point that we could say, "Under my finger is the cause of this condition!" so it would be true of man or woman, black or white, red or yellow, no matter where he lives, regardless of climatic surroundings, high or low, mountain or valley, on desert or ocean. We wanted A SPECIFIC where it could always be applied identically the same—not many ways, but one.

We wanted this work of fixing human machine to as nice a point as work of any other mechanic who listens to "knock," "rattle," "buzz," "whir" or "purr" of any other engine; determine its character and location; and then, quickly and effectively adjust it. Is there any reason why you or we could not determine LOCATION of "knock" (for "pain" is human protest of something wrong and every "knock" is a boost) and immediately let that determine LOCATION of its cause?

There are two kinds of mechanics: One knows little about his machine, will tinker and experiment, hoping to stumble onto what is wrong and after much labor, waste of time and material, will turn it over to somebody else, who will also tinker and thus

"pass the buck" down the line, finally ditch it to the junk shop as a bad job. Other KNOWS his machine and business, will listen to rhythm that isn't natural, determine at which exact point CAUSE of trouble is, take a minute or two to adjust it until regulated, and pass normal working machine back into useful productive channels of commerce.

ABILITY TO DO is what determines bungler or mechanic. That man is best educated who is most useful. We most desired that our work of correcting causes of wrongs of human machines should be as efficient as was work of building human machines in first place. Just as Mother Nature and Father Time builded machines correctly, with all parts in their place and doing their duty, so must we also be so thoroly trained to detect those conditions, when wrong, find their causes; and with assistance of Mother Nature and Father Time, possess ability to restore them to their original duty. How wonderful our work is, is hard for layman to conceive. No matter what the trouble, where located, degree or character, you and we can, today, locate its cause exactly, correctly and expertly fix it same as any other machinist in any other line of mechanical work; and when thru, return normal working human machine back into useful productive channels of mental and physical enterprises.

Is there a single reason why we shouldn't be expected to be as intelligent and as practical with human machines as any other mechanic with any other machine? Is there any reason why we shouldn't expect as much of human machinists as any other? Does change in color of skin, fat or slim, tall or short, change fundamental? Is there any reason why, having determined principle and practice which succeeds in one, we can not establish a rule and make it applicable to all like conditions and circumstances and accomplish like results? These were some of our desires when we began to think about vertebrates as sick animals.

We wanted a SPECIFIC in sense that one principle and one application was good — an adjustment which would be good for every dis-ease in human body — whether contagious, infectious or not; acute fevers as well as chronic disabilities. You, perhaps, have not attained that stage where simplicity is grandeur. You believe that complexity only represents value; would prefer 2,000

pounds of coal to 1 carat of diamond. But assume practical and logical position that all good things are simple, and that law of nature, when known, is simple — and its rules and principles are only complex so far as we do not understand. Therefore, in our P.S.C. we have worked for simplicity, never complexity.

We further wanted to get this knowledge titled "Chiropractic" where we could give A SPECIFIC REASON for every conclusion of thot or act, for every securing of results, that we could explain reasons for everything specifically. That could not be done unless we understood clearly, thoroughly and reliably our cycles.

Supposing a P.S.C. graduate branched off in a school, during period when SHOVING vertebrae. What is that school teaching if it's still in existence? They might not be teaching shove as we taught it; they may have invented new ways of SHOVING. There is that kind of a school in existence today, and there are some of these practitioners still practicing with shove, satisfied and contented.

Supposing another party kicked off during period of PUSH AND PULL. He could not have taught more than he knew. He might not be using, today, shoves or pulls as we invented them, yet they are still under that common principle. We have not originated all shoves or pulls in vogue, but we have developed the few principles in fulfilling our vow. There are graduates of these graduates, sometimes even to 12th and 15th handed; each adding his conception or detracting therefrom, teaching unto others their way of PUSHING OR PULLING. Thus does best work of those times lose its identity, not by refusing to progress but by subtraction process of passing from hand to hand. It matters little to have it said that another originated new way to apply an old principle. To scheme a new shape, form of hand-saw or method of using hand-saw never would have invented buzz or band saw run by power. It is new principles that move science forward; not new ways of using old. We have seen, tried, not once or twice but thoroughly and sincerely, 206 "moves" or methods of working for a specific, and only today we have reached a relative specific.

Supposing, at this period, you became a student of Chiropractic. Let yourself answer these questions in justice to our work.

1. Would you ask for our failure methods of adjusting?

2. Would you demand that you be taught these "failures," and in event we refused would you go to a school that would?

3. What right have *you* to presume to deny our statements, proclaim them wrong or impossible to extent of doing something else *you* think better, not knowing?

4. Would you hire some of our earlier graduates, (or their graduates) to teach that which The P.S.C. has refused to countenance?

5. Why do The P.S.C.'s earlier graduates teach that which The P.S.C. now proclaims a short-coming? Why didn't they advance NEW PRINCIPLES?

6. Why don't P.S.C. pupils teach The P.S.C.'s "206" (at this time) in preference to "old moves"?

7. Supposing you come to The P.S.C. which represents twenty-three years of development in the art, which has tried 206 experiments, has made 205 comparative failures, has not even today secured its coveted specific, and you asked those people for a mixed, heterogeneous assortment, such as 14, 22, 36, 84, 96, 127, moves, or you wanted the Ely, Tom Thumb, break moves, but that you did not particularly care about "206," altho it might as well be thrown in — what SHOULD The P.S.C. say to you?

8. Should The P.S.C. advise use of its failures?

9. Is your experience more valuable than ours in this work?

10. Should it sell short of its best, knowing that lives hang in balance, upon use of that which you use? Are we being just to the sick? This morning came a call requesting us to see a man who had fallen yesterday. He is paralyzed in extremities; they have given up his life, saying today is all he can live. That life hangs in balance. What will we use? Only that which we know to be THE BEST. When health, life and happiness hang in balance, and even though that life be short or long, best is none too good to use.

11. Assume that money were purpose of this institution, couldn't we earn more by selling that which you want, that which they get by going to other places? We should sell anything YOU ask and could pay for.

12. If money were ultimate aim, couldn't we make more by selling that which competition gives, thus eliminating competition — for no one can teach HIS work better than he to whom it IS HIS WORK!

13. If The P.S.C. wanted silver worse than science, why do we suffer gaff of competition with its attendant evils, promises and false gods, when we could better cash in what they cash for, thus eliminating them?

14. The P.S.C. does not advise you to use anything short of its "206" at this time. It is conscientious, truthful and true to sick humanity. In personal work we use nothing short of our best, and our work will compare with best. "206" secures results when all else has failed; will secure quicker results when other "moves" have failed. We use one adjustment, regardless of location or character of disease. If any one has work at stake, where eyes of world are upon them, it is our work, for should we fail then goes forth condemnation. We have more at stake than all and we use but "206" today. The P.S.C. is conscientious, truthful and true to sick humanity and our vow for their welfare.

We demand that which we cannot get, we want that which we are told not to touch. Mankind lets alone that which he KNOWS to be wrong. Therefore, we teach wrongs that you might know best better.

SUBLUXATIONS AND ADJUSTMENTS SCIENTIFICALLY CONSIDERED

A VERTEBRAL SUBLUXATION is effect of a natural motion exaggerated, following an accidental or awkward concussion of forces applied in a TOGGLED recoil manner, centering at some particular vertebra, wherein gravity force is not equal to resistance of entering force.

AN ADJUSTMENT is rechanged position, brought about by a reversal of its causative necessity of a particular vertebra or vertebrae, following a concussion of forces intentionally and intellectually applied in a TOGGLED recoil manner; gravity force being greater than resistance of body penetrated.

Following ascertaining of posterior subluxation, you determine whether posterior left or posterior right. These are *lateral flexions* beyond normal position, remaining fixed. For instance, a

P. S. and a P. I. subluxation are *extension and hyperextension* beyond normal extensionability remaining fixed. All that is left to consider is the P. R. S., P. R. I., P. L. S., and P. L. I., and corresponding subluxations of the atlas which are differently described. These positions are composite degrees between flexion and extension.

Let us study origin of a subluxation. We want to lay a foundation before reaching a conclusion. To give you a conclusion without foundation, you could not appreciate its application.

A man falls; there is a concussion of forces; gravity weight must be either weaker or stronger than penetration and resistance of ground. Fall on a haystack — no subluxation. Fall upon sidewalk — a subluxation.

When we fall upon sidewalk, does concussion of forces *spread* over an area or *concentrate* and focalize? Fact and effect prove they concentrate and focalize because if any trauma occurs, it's one of three things — a fracture as greatest; a dislocation as next; and a subluxation as least. Therefore, to produce a fracture, dislocation or subluxation, concussions of forces must TOGGLE.

A concussion of forces — does it last weeks, hours, a matter of minutes and seconds, or a momentary and instantaneous shock? What do your senses say? Frights, jars and shocks are not matters of hours and weeks, they are RAPID.

To PRODUCE a subluxation, dislocation or fracture, forces are toggled AND RECOILED. They first focalize, then come rapid. All subluxations, fractures and dislocations are produced by a TOGGLED-RECOIL, not by forces spreading over area and weeks of time.

MASS, VELOCITY, RESISTANCE AND CLEAVAGE INTRODUCED

Consider physics. Given three bodies, under gravity conditions, center is to be moved without changing position of ones above or below. Following elements enter: First, *question of mass*; second, *velocity*; third, *resistance*; fourth, *cleavage*. Quantity of mass is immaterial in this question, for velocity alone determines amount of resistance. Greater velocity of movement, less resistance; less resistance, greater cleavage that exists as result

of velocity of mass. Lesser that velocity of mass, greater resistance and less cleavage.

Object itself is so much mass or matter. Velocity is speed which moves it. Resistance is amount of gravity weight registered when motion is attempted. Cleavage is reduction of resistance as one goes quickly past other two. For instance, to move center mass SLOWLY, in its relation, would by gravity weight make resistance great. Cleavage would be slight because velocity is slow. Reverse that process. Gravity weight is identically same but we move middle object with great velocity. This reduces resistance to a minimum and cleavage is great because of lessened resistance.

That is problem we confront in adjusting subluxations. We have a certain amount of mass in recent state. It is even more than this. Vertebrae are held into position by ligaments, cartilages, etc. This binding is equivalent to increasing bulk and gravity weight of mass, thus increasing necessity for greater velocity. Mass is small in itself, but large when considered in the light of moorings. You must move one piece of mass without moving other two; because they are not subluxated and *one* is. Attempt to reduce gravity weight by slow movement, you make resistance great, and have practically no cleavage; but, introduce velocity, when you adjust this subluxation, mass being same, you lessen resistance, cleavage is great, and you accomplish what you want without disturbing mass above and below.

When concussion of forces is introduced in our adjustments, and is done rapidly, we decrease resistance and increase cleavage. In concussion of forces, in TOGGLE-RECOIL application, be it in PRODUCTION of a fracture, dislocation or subluxation, or in REDUCTION of fracture, dislocation or subluxation, does that concussion of forces increase or decrease resistance; increase or decrease cleavage? If slow, resistance would increase, cleavage would be less; if fast, resistance is decreased and cleavage increased. That is a common fact, but we introduce it here, thinking you will get principle of why we use *one* correct mechanical principle with *one* correct mechanical movement rather than *many* principles and *many* movements.

Assuming a bullet leaves a gun and tears its way SLOWLY through a plank; lead will spread, gash and leave behind an

awfully ragged, jagged hole. That was great damage of dum-dum bullet. It was destructive to life. Greater its speed, cleaner its penetrating power. A bullet going rapidly through same plank would cut as clean a hole as though bored. Lead hasn't time to spread and gash, cleavage is too great, showing that questions of mass, cleavage, gravity weight, resistance and cleavage are displaced when velocity is added to moving body.

Greater the resistance, more bruising done to tissue. Greater the cleavage, less injury and hurt to patient. When you see a blue spot over a vertebra, following a series of "adjustments", so called, adjustments were of slow velocity. That is why tissues are bruised. With velocity you reduce bruising of tissue, soreness being a result of little cleavage.

TWO METHODS OF APPROACHING CORRECTION OF SUBLUXATIONS

Subluxations are attempted to be, or are adjusted, in one of two ways. First, OPPOSE order of their origin; or, second, REVERSE order of origin.

To oppose order of origin — is a question of brute, muscular strength, or weight, covering several vertebrae. It is gravity weight WITHOUT consideration of velocity, cleavage, or reduction of friction; tug and a pull in use of weight where, for instance, MUCH DOES LITTLE; a dilution of endeavor, proven by continuation of subluxation in a large percentage of patients; friction is increased because there is little reduction of malalignment, attendant with much bruising and soreness of contiguous structures.

Physicians of this age and day do this sort of thing. They *oppose* order of origin of fractures and dislocations in "setting" them. They first etherize case to artificially force muscles to relax; then they tug and pull, with help of several assistants holding one part or another until they finally get it drawn into its former proper place.

How different is work of a very few famous "bone-setters" who were outside pale of medical education, ethics and procedure; such men as Sweet, Reese, et al., who have and possess and exclusively use that happy "knack" of snapping fractures, dislocations, etc., back into situ in but a second's time.

It is not that Sweet or Reese have some personal charm or trick that is to their families alone, as tho born of royal purple. They are but using a simple common-sense mechanical principle which every mechanic and everybody else knows, but which is *totally* absent in *theory* or practice of medicine and surgery.

In second order — to reverse order of its origin,

(A) We will first use a TOGGLE FORCE. Every bit of force used in adjusting a subluxation will be concentrated and focalized to a point. Notice that we do in reduction, reversed, what was done in production.

(B) We RECOIL force, and that is exactly what was done in production, in that instance LITTLE DOES MUCH.

(C) WE LAND OUR FORCES, deliver blow. In doing that, in reduction, we are reversing what was done in production, proven by subluxation's non-existence after we have applied force to subluxation.

(D) Cleavage, will occur because it happened in production; therefore, must occur in reduction. In that way we reduce friction to a minimum, and mass above and below remains intact.

Subluxation is no more. We have a correct alignment, vertebra in situ, no bruising of tissue. Only difference in reversing its order, between production and reduction, is that in one, a toggle-recoil landed, cleavage force is AWKWARDLY AND ACCIDENTALLY APPLIED; and, in other, toggle-recoil landed, cleavage force is INTELLIGENTLY applied. We have reversed order by inverting that which made it, and utilized every principle in reduction that occurred in production — omitting none.

205 AND ITS IMPROVEMENT, 206

To date, many are using RECOIL ADJUSTMENT, as commonly understood. That or idea of TOGGING recoil has not been brought clinically to your attention. From time to time word has been mentioned; it has been referred to, but it has been years in process, therefore we could not use, talk about or think of publicly adjusting with it.

It is now no longer sufficient to say, "I use a RECOIL adjustment." You must use TOGGLE-RECOIL. Word "toggle" is applied because of additional comprehensive value.

You have seen a bolt-cutter, and know that it is a mechanical device with handles several times longer than cutting portion. Little force exerted at handle means great power in jaws where bolt is cut. A woman can, with a toggle bolt-cutter, cut a bolt as big as my thumb as easily as you could a piece of cloth with a pair of shears. Reason is, bolt-cutter works upon principle of TOGGLE—it concentrates its force to *one* point, and that is better than spreading a great deal of force over a broad surface. *Little does much.*

No matter how you hold toggle, it is always FROM YOU—never TOWARDS. You never hold bolt-cutter from you and cut toward yourself—it is not a toggle if you do.

Party cutting bolt can draw handles together *slowly* and still cut bolt. That same party can also click handles together with extreme rapidity, a spring-like movement, and bolt will cut much cleaner and easier. You argue that bolt requires a *definite amount* of force to cut it. What difference does it make whether you cut it fast or slowly, that being true? The slower, the greater the friction and power to overcome cleavage; cutting bolt slowly actually requires more power to do it. The faster, the lesser the friction and power to increase cleavage; cutting bolt rapidly actually requires less power to do it.

MAKING GRAVITY WORK

A NATURAL recoil—there are artificial attempts—MUST ALWAYS BE IN LINE OF GRAVITY. It must be ABOVE gravity if you wish to introduce a recoil, and a recoil increases velocity by using law of gravity. A pile driver never drives upward or sidewise—it is always IN LINE OF GRAVITY—downward. We now have two fundamentals that must get fixed in mind; toggle must be FROM US and gravity must BE DOWNWARD.

Many OLD moves in vogue today use push-and-pull principle. We might even say many of old modern moves are of recoil principle. BUT, there is only ONE way of applying and using toggle-recoil.

First, we SHOVED by mere dead weight, giving no thought to velocity, cleavage, or as to how we should land force of blow. To aid gravity, we used heavy canvas bags of shot, weighing from 100 to 150 pounds placed over our shoulders. We were

then PUSHING bump into place. Then came the question of a PUSH AND PULL. We would pull vertebrae apart and attempt to push them with dead gravity weight. Then came third idea; laying patient UPON HIS BACK and placing hands under cervical vertebrae, combining principle of thrust and twisting of head. This has a resemblance to, but not even an application of, recoil because head is turned as far as possible and then quick jerk is given laterally and UPWARD. But, no longer can we say that TOGGLE-recoil can be given in that way because we must introduce question of recoil, which IS IN LINE OF GRAVITY, and never in pulling upwards or sidewise. It must be DOWNWARD to introduce recoil. We cannot TOGGLE that way because toggle is FROM US and never toward us. That work is NOT recoil and it CANNOT be used with toggle-recoil. Shove system, or push and pull, cannot work with recoil, or toggle cannot work with them either.

You cannot toggle without recoil and recoil without toggle, but where patient lies upon his back you can neither toggle nor recoil because neither works in line of mechanical principle upon which it is based.

Subluxations are produced by accidental toggle recoils which are in line with GRAVITY and ABOVE object which offers resistance. To toggle WITH recoil it must be ABOVE recoil; recoil must be in line with GRAVITY or ABOVE object recoiled, and that which IS toggled AND recoiled must be BENEATH, NOT ABOVE, your hands.

Fractures, dislocations and subluxations are brought about by ACCIDENTAL toggled recoils. They can be PARTIALLY adjusted by a push and pull; more easily adjusted by a recoil; and most nearly adjusted by toggle-recoil. We have seen cases where a man who was paralyzed fell down stairs, and, on getting up, could walk. There is no way of explaining circumstances of that character except by principle of accidental toggle-recoil, landing of blow, reduction of cause, restoration of current, then cycles come into play. People got well in days when we shoved, when we pushed and pulled, when we recoiled, and they have been getting well when we toggle the recoil. While that is all true, thoroughness, percentage, etc., have increased as we perfected our application in accordance with known laws. We have been

getting better results in a larger per cent of cases of worse character this year than before.

We have seen many give a shove, a push-and-pull, and others recoil, and their patients have gotten well. But same cases, under toggle-recoil would get well sooner with less effort upon part of Chiropractor and with less severity upon patient. Effort, time, cost and permanency are in ratio to which principle is used.

Success of boys in field is relative as they use different degrees of accuracy with different principles. One could be perfect in push and not secure as good results as he who used an inefficient degree of push or pull. Or, one who recoils might be very poor but so much better than shove or push and pull that there would be no comparison. And so it is with TOGGLE-RECOIL. Let him be ever so raw, it supersedes all qualities of other adjustments that he stands out head and shoulders above rest. Do we not say that worst Chiropractor in our ranks is a god along-side of best physician? This is not because he knows so much more than an M.D. who knows so many things that are not true. Chiropractor knows little, but it's true. M.D. has a great deal of knowledge he can't use; Chiropractor has a little, but he uses it well.

A bolt-cutter is a toggler, but it does not toggle TOWARD hands that operate it; neither does it need recoiling to toggle. Toggling SLOWLY bolt will be cut; to do it fast is to RECOIL that toggle. To "recoil the toggle" is to toggle FROM YOU with a RECOIL effect.

To recoil-the-toggle is to make toggle primary and RECOIL secondary; toggle the aim and RECOIL the means; toggle the sight and RECOIL the bullet. To toggle-the-recoil (reverse of former) is to make recoil primary and TOGGLE secondary; recoil the aim and TOGGLE the means; recoil the sight and TOGGLE the bullet.

Toggle and recoil should be simultaneous. Above comparison is given that student might secure a better idea of value of each in relation to each other. To recoil or toggle ALONE is not to get the best.

Many find adjusting laborious. It is because you do not recoil. If you recoiled, it would be light and easy. Absence of recoil makes work hard and heavy. There is nothing difficult about

toggling the bolt, and there is nothing hard about toggling and recoiling on the back. You take that same principle, apply it to backbone, and do same with object beneath your hands.

To shove or push or pull is to use stiff arm action. To RECOIL is to deliver a blow, land it and get away quickly. To TOGGLE recoil is to use all joints loose, all muscles elastic until moment of action then all joints act in line of their movement and both sets of muscles contract and relax simultaneously. After action has been performed, get away as quickly, if not more so, than when you came.

A light hammer will drive a spike in hickory, if recoiled. Toggle the recoil and you may adjust sublaxations with concentrated forces with an equal ease.

A while ago we made a point. All P. L. and P. R. sublaxations can be adjusted with usual recoil. They can be better adjusted with toggle-recoil. But all of P. R. S., P. R. I., P. L. S. and P. L. I. and corresponding sublaxations of atlas, differently designated, can be adjusted only with toggle-recoil. As they are in majority they have been ones upon which we have failed most. We said at that time they were in nature of KINKS and wrenches. That is true, and only by toggle-recoil can they be reduced.

For P. R. S. or other combinational vertebral twists we are now advocating, exclusively, "206" which consists in an additional twist of wrist at time of toggling the recoil. It untwists the kink such as no other has done. It must be given quickly to be effective, otherwise damage is a possibility.

While, thruout this article, we refer to the "toggle-recoil" as an improvement upon all which has gone before, this is true only in sense that we found "recoil" adjustment in itself was good for one or two direction sublaxations, but did not quite secure desired results when we had three-direction sublaxations. Example: For a P. R. sublaxation "recoil" was sufficient. For a P. R. S. sublaxation you should use the "toggle-recoil." However, the more "toggle-recoil" is used, more it is found to be applicable to all directions. Perhaps an explanation for this contradiction would be better. "Recoil" indicates speed with which you deliver from you, hence speed with which you must take away. "Toggle" indicates more directions of motions to end of concentrating much force to little place so that little does much. "Toggle" indicates

concentration while "recoil" indicates speed. No matter whether you were working on a P. subluxation, concentration and speed would both be essential. Yet, while this viewpoint is true, "toggle-recoil" (on three-direction subluxations) is delivered slightly different than is a "toggle-recoil" on any one or two-direction subluxations. Let us construct direction of motion, one by one. For a posterior subluxation, patient prone, direction of motion would be directly opposite, which would be anterior. One direction only considered. For a P. R. subluxation, patient prone, direction of motion of adjustment would be directly opposite, which would be anterior left. Each of these could be given with a "toggle-recoil" but in a straight direction as indicated. But, all this now changes when we have a three-direction subluxation. For a P. R. S. subluxation, patient prone, direction of motion of adjustment would be directly opposite, which would be anterior, left and inferior, DIFFERENCE TAKING PLACE IN "TOGGLE-RECOIL" IN A CORK-SCREW MOTION FROM WHAT WAS TO WHAT IT IS TO BE.

CREDITING SINCERITY

Let us review subjects discussed. We introduced history of changes from "1" to "206." We raised question as to which stage of this progress was better to use at this date. We then proceeded to explain latest principle and how it was better than all that preceded.

D. D. Palmer discovered underlying principle of all our work, viz., subluxation theory and its needing adjustment. Its elucidation, broadening and specific scientific features, method of procedure to best accomplish end, remained for us to work out and force recognition not only in theoretical field but in laboratorial and clinical tests. Two persons whose names were Palmer (Father and Son) are indelibly saturated with work of Chiropractic. Now that D. D. Palmer has passed away, to whom does Chiropractic more rightfully belong, you or us?

Can it be that we are short-sighted enough in our administrative policy to not recognize that *your* success is ours? We want The P.S.C. to grow, to get larger, to add to world's store of information and health. This can only be reached thru our graduates. Should they fail, enrollment of The P.S.C. must fail. Success of The P.S.C. graduate depends upon what he is taught

while with us. His success is ours; and ours no greater than his. We desire that The P.S.C. be a success, greater, year by year. This cannot be a fact unless our product succeeds. It would be suicide of The P.S.C. to teach our boys those things which would fail; hence we drill our boys to do ONLY those things which give greatest percentage of results.

We have been twenty-three years investigating various methods. WE have grown thru these stages that we might save time upon part of our students. Twenty-three years should prove certain facts to any observant person; that being true and our Faculty conscientious, we desire to give only that which we know to be THE best. Are we not constructing a greater growth by making OUR product grow greater — then why not teach that which succeeds MOST? That, we are doing.

Vital question is: Some boys use most anything short of best. If they possess THE best they mix in several of older stages, apparently to fool patient and deceive him, thinking he gets more for his money. This does not meet our scientific or clinical contention, but places it upon a skeptical and financial one. IF old moves were more successful in securing BETTER results, wouldn't we be justified in teaching, using and endorsing them? Then, why don't we?

Suppose YOU were Edison, would you drag forth candle to read by? Would you bring spinning wheel out of garret, or spin by the modern loom; ride on a horse or electric-car? Would you, if you were Ehrlich, use anything short of "606"? If a Chiropractor, would you prescribe "dope" to your patient? Neither would you use ANY MOVE short of "206" if you were a "B. J." or any other student who had welfare of patient at stake and regarded all other elements as secondary.

DOING ONE THING RIGHT OR MANY THINGS WRONG?

Arts, sciences and philosophies are perpetuated in ratio as they exist for themselves. You follow painting, inventing or philosophizing FOR MONEY and you not only fail to get money, but lose the art you failed to develop.

Paint for art's sake; invent because world needs improvement; study because a world necessity exists and delivers that which it

needs, and money is a CONSEQUENCE which you could not avoid coming your way. As a consequence, it multiplied in ratio to aptitude in art, improvement in invention and destiny of necessity.

Some Chiropractors feel they must keep "doing something" irrespective of what or its consequences. Medicine is of same nature. They have been "doing SOMETHING" for centuries; then they try again "doing everything" until "somebody IS done." Such a propaganda is a failure. They try this, that and other thing; in fact, everything suggested regardless of how ridiculous or illogical. More things, compounds, devices, contrivances they compile, greater is their delight, the more *they* have accomplished and the more patient seems pleased and is willing to pay for.

Average patient would rather be wafted into heaven having much done for him that is a crafty failure, than have a straightforward practical fellow do some mute momentous right thing and get well in a hurry. Latter plan arouses his disgust. It is toddying to this former condition that loses identities of arts, sciences and philosophies of worth.

Of medicines — there are thousands for each disease, millions for all diseases. Pharmacopoeia drop a few thousand and add a few more each year. They originate, try and renounce; then originate some more.

Of surgery — there are hundreds of thousands of instruments and tables. They go thru same rigamarole.

Of orthopedical instruments — history is full of torturing devices; first used on criminals, then tried on sick until man goes the end of flighty imagination then resurrects some older ones and repeats cycle.

Out of this conglomeration has builded a system — we could not dignify it by calling it an art or science, let alone philosophy — that is one world-wide, all encompassing complexed confused theory.

"WHICH TO GIVE OR USE?" is immortal question. Diagnosis is but a question of observation and use of senses, BUT what to give is purely a question of hit or miss; selection is so voluminous.

What to give is easy. What *not* to give is hard. Meanwhile patient is experiment until patience ceases to be a virtue.

Present trend of medicine is to get FROM complexity to a SPECIFIC SIMPLICITY. Now they're investigating serum theory, thinking that within its possibilities lies a "specific" for every and all diseases.

Some idea of vast accumulating traffic in vaccines and serums may be gained from fact that fifty-six establishments held licenses December 31, 1914, issued by the Treasury Department of the Federal Government, in accordance with Act of Congress approved July 1, 1902, entitled, "An act to regulate the sale of viruses, serums, toxins, and analagous products in the District of Columbia, to regulate interstate traffic in said articles, and for other purposes." Following is a list of products which one company alone was licensed to place upon market, according to Public Health Reports for January 22, 1915:

- Antianthrax serum.
- Antidysenteric serum.
- Antimeningococcic serum.
- Antipneumonic serum.
- Antirabic virus.
- Antistreptococcic serum.
- Antitetanic serum.
- Diphtheria antitoxin.
- Normal horse serum.
- Tuberculins.
- Vaccine virus.
- Bacterial vaccines prepared from acne bacillus.
- Cholera vibrio.
- Colon bacillus.
- Diphtheria bacillus.
- Friedlander bacillus.
- Gonococcus.
- Influenza bacillus.
- Meningococcus.
- Micrococcus catarrhalis.
- Micrococcusneoformans.
- Paratyphoid bacillus A.
- Paratyphoid bacillus B.
- Pertussis bacillus.

Plague bacillus.

Pneumococcus pseudodiphtheria bacillus.

Pyocyaneus bacillus.

Staphylococcus albus.

Staphylococcus aureus.

Streptococcus pyogenes, and typhoid bacillus.

Sensitized bacterial vaccines, etc., 31 in all.

'Tis said that man is an imitator — a monkey smiling at his features that reflect back in sympathy thru mirror of human failures and successes. 'Tis further said that we evolve, revolve and resolve same again, at a later period.

Medicine had its origination, its fling; humanity has had its fill and now its decadence is upon us. Chiropractic had its birth, its development and use. It faces either fulfillment or failure. At this critical time in our period, how far are Chiropractors going to ape medical man? To what degree will Chiropractors push Chiropractic to ape medicine? Many decry this supposition. Those who are in close touch with individual and collective work of Chiropractors at large, know such is true.

KNOWING TOO MUCH THAT ISN'T SO

To say that ignorance is a blessing for the sick is a peculiar way of putting a new thot in a new dress. The less the majority of Chiropractors know about unnecessary subjects, better off is patient. Example: We recall a physician, attending The P.S.C. This man had a wonderful education in subjects which Chiropractor finds unnecessary. It came his turn to adjust. He was given a case of hernia. He adjusted for several weeks — no results. Another case of hernia was being adjusted by a man who knew Chiropractic subjects only, who was next table to him. Excellent results were coming to him. The reason? M.D. knew so much about his case, therefore knew so many things that were possibilities, that could happen if he did this or that, that the man actually *couldn't* give a good or competent adjustment. Knowledge produced fear; fear produced timidity. Other man did not know these inside conditions, these dangerous futures, "if," so he proceeded to do what he had been Chiropractically instructed was necessary, viz., that vertebra *had to be* adjusted, and he moved it fearless of what dangers lurked inside. His case was getting well rapidly. When we found these conditions, we reversed adjusters and cases. Sick one began to get well; well

one began to get sick. Same fears; same confidences. Presence of this profound education made "intelligent" man incompetent; incompetency begot its kind; hence failure. Absence of this profound education made "ignorant" man confident; confidence begets activity; activity begets health.

We have long felt that one of greatest hindrances to actual good of physician to his patient is superfine fear that is manufactured in him by his superfine colleges with their superfine educations of so many things that may be true and be valueless, which, entering his mind, show him how helpless he is; then, realizing it, he does not (because he cannot) do any good.

KNOWING ONE THING THAT IS TRUE

We have also felt that reverse of this was true with Chiropractor. On comes a case of tuberculosis of spine. A dangerous condition, perhaps. Average Chiropractor has little knowledge of actual destruction of tissue, perhaps has not seen a case at close range, does not comprehend that he might maim his case by breaking those soft bones, etc. In this ignorance is his practical strength. He palpates outside without knowing inside; he detects subluxation, gives adjustment, gets his case well. Retrospectively, some physician reviews inside conditions, then Chiropractor realizes what a risk he took even *after* case is well.

Medical man knows inside conditions to perfection. He is helpless to help humanity. In this inside information are so many things that are all so true that their horror makes this man fearful to try. In this is his weakness. Chiropractor knows outside conditions to perfection. He is of value to humanity. In this outside information are but a few things that are also true, and simpleness of it makes him confident to give adjustments.

Medical man is an educated man; Chiropractor, by comparison, is not — quantity considered only. Medical man is a man of constant fear; Chiropractor, by comparison, is not — service considered. Medical man is a failure in practice; Chiropractor, by comparison, is a success — results considered. One knows so many things that are or are not so; so many things and theories that will or will not work that don't help patient, that he is in a constant state of helplessness; he suffers with mental professional paresis and physical practical paralysis. Burden of *what he knows* is so much greater than burden of *what he can do* that

contrast is well marked. With Chiropractor, reverse is true; burden of what he can do is so much greater than excess baggage of what he thinks he knows that contrast is as well marked this way as it is by contrast in other.

There is a certain amount of education every Chiropractor wants — needs. That must be carefully selected and confine itself to subjects he needs to know *and no more*. He must go into those subjects only so far as he finds his mind does not become fearful of subject. When he finds mental nausea taking place, it is time to stop that subject and go no further. Medical men are suffering with education-congestion. Theory after theory being exploded does not beget confidence in their theory, themselves or medicine as a profession. Chiropractor (maybe) suffers from a desire to have an education-stagnation. His one central idea — spine — is his pivotal idea, thot and action. He adjusts one by one, people get well; this makes him positive in his manner, speech and liberty necessary to continue that work.

Too much education makes a coward of best of men. Too little education makes average man dangerous. But, there is a happy medium, a necessary quantity and quality of which makes useless man useful. Medical colleges, right now, are manufacturing useless medical cowards. Chiropractic schools are beginning to lean that way, slightly balancing in favor of cowards. Pendulum will find its level.

We are bitterly opposed to that kind of education which makes a man know so many things that are not so, that won't work out, that do no good, that are experiments without a practical application, merely to end of getting a license to then find that such is true of all he has learned. *We are strongly in favor of that kind of education that induces a man to know all views of any subject which are true, that will work out, that accomplish good, that are facts which when applied do the thing they set out to do; a license then becomes an appendage and not the issue itself.*

PRACTICAL APPLICATION OF ONE TRUE IDEA OR MANY WRONG ONES

How many "moves" must we study, learn to use and apply to patients to have the "dozens-of-moves-for-each-disease" compared to "hundreds-of-medicines-for-each-disease" likeness? How many principles of "moves" must we incorporate and mix to be

perfect medical apes? How many table devices must we invent to see our reflections thru their surgical mirror?

They give medicines in mouth, nose, ear, eye, rectum, urethra and then inject thru superficial skin. We adjust standing at head, driving from shoulders, laying patient on his back, face down, on his ribs, face back up in air and back down in hole. We try to adjust with patient standing, suspended, lying, sitting, on his side. "Chiropractors" adjust with hammer-and-mallet, straps around body, vibrators, thrillers, manipulators, concussors and hands. Betwixt and between some use transverse "move;" Ely, Break, Plunge, Coiner, Recoil, etc., ad infinitum. We adjust on split-nose, boot-jack, with and without sternum support, with and without belly brace, on tables straight, on tables crooked, on tables forward and backward, on tables concave and convex, with and without pillows and other contraptions that give to our office appearance of a museum.

Some Chiropractors take five minutes to make their analysis, others thirty minutes to make an "examination" inside and out. Others take the necessary one minute to give an adjustment, others take sixty minutes to give their "treatments" and tickle orifices. And, WHAT is it they adjust or treat? Some confine themselves to specific work of palpating, analyzing and adjusting vertebral subluxations. Others there are who seemingly find it necessary to examine entire body and "adjust" mandible, muscles of legs, viscera of abdomen, gullets to guts, larynx to lethargy; gena to gastritis. Some "Chiropractors" "adjust" thru undershirt, shirt, chemise, corset, corset-cover, dress and trimmings; others require bare skin. No wonder patient, as he travels, does not know how to prepare for "a Chiropractic adjustment."

Thus complexities are but begun. As profession enlarges, numbers increase, the taint he thinks needed will but contaminate our passages.

WHAT MUST A CHIROPRACTOR KNOW?

Today, seeming great problem to a prospective student is "What do I need to know; what school teaches it?" What he thinks he needs depends upon which many-sided traducer he gets advice from. Each, of course, sustains what HE mixes with. After he has attended some school, secured that which he was

told he would need, he enters field, only to find that other people had *their* notions and added to what he now makes much more that he wasn't taught. Hence, great question — "What position do I get him in; what adjuncts are necessary; what "move" is proper; what kind of a table do I put him on?" If he follows pace Mr. Apostate sets, his office will soon contain bird cage, hat-box, band-box and even to a sand-box spit-box — all to improve health of those that pay.

Older the experience of physician, less he uses of anything. This is true of Chiropractors. Reason forces itself upon even a fool, later than sooner.

IS "CHIROPRACTIC" SCIENTIFIC?

We say CHIROPRACTIC is a SCIENCE. Is it? Mathematics IS a science. Let us compare them.

2 x 2 equals 4; 2 subtracted from 5 leaves 3; 2 plus 4 equals 6, not sometimes BUT ALWAYS. It matters not whether these examples were done 2,000 years ago, today or tomorrow; it's always been the same, in same way with same result. It matters not whether figured by an Arabian, Chinaman, Russian or American. Neither does method or fact change regardless of what applied. We can weigh potatoes, measure a board, multiply distance to Mars, give depths of craters, heights of mountains or number of vertebral subluxations; conditions are always same.

Behind mathematics is a law of figures beneath which are principles and then rules. Various figures, words, principles and rules are mere educational interpretations of law that education might better understand and use works of law. Law, itself, does not need principles and rules, much less words, letters and assemblages of them. Figures in multiplication, division, subtraction and addition are unknown to Mother Nature; they are man's invention and device.

Law of mathematics is FIXED; its principles and rules being in tune therewith are no worse. It is not given for ANY mathematician to change it. He may have theories, inconsistencies or reasons for changing, but change he CANNOT. Suppose he desired to have 2 plus 2 make 5; or 2 from 5 leave 4; or 2 plus 4 equal 7, would it make it so?

What would be state of commerce or finance if EACH MATHEMATICIAN were allowed to have a system of his own?

If merchant banks today with \$2,000; banker claims, according to HIS figures, he had only \$500—it would be a great note, wouldn't it?

Is Chiropractic a science?

Chiropractic is study of vertebrates. Its interpretation is work of human beings. It is the endeavor of man to formulate, out of law, a system of principles and rules that we might better know how to work. Law, itself, does not need our principles and rules to carry on its production and reproduction, but we need them to understand what is done and how, by law. Diagnosis, pathology, symptomatology, prescription, operations, etc., are quite foreign to Innate Intelligence; these are educated man's devices and experiments.

Travel with us, as a patient, from office to office of Chiropractors. Visit twenty; note that each has a way, method, procedure, explanation, application, result, different from one preceding. No two are alike; each has a system of Chiropractic mathematics of his own. Every day he's changing; each nationality goes at it differently; for each dis-ease each has a different explanation; to what it's applied makes a difference in result, and so it goes ad infinitum.

Each man is a rule of human mathematics unto himself; there is no cause to resort to any adjunct or mixing device in practice. We had a FIXED rule all alike. We must admit that there is a LAW of universal action but when man gets it, it's quite conglomerated in principles and rules. And, WHO makes it so? Each Chiropractor.

Chiropractic IS a science; but, not all that which is exhibited as Chiropractic is to be regarded as scientific. In and behind all that which is seen is a science even if the user has it not, knows it not and practices it not. Reversing statement, is what ALL Chiropractors are telling, using, giving and getting scientific? NO!

Patient doesn't know whether to strip or keep on his shirt—he doesn't know whether to lie face down or up—he doesn't know whether to prepare for 14th Woodman or Buffalo degree or 1st degree of Masonry. Each Chiropractor he bumps into is a new experience, a new order to join, a new manner of initiation to go thru.

Intelligence who made us, did so according to law of science. As we unfold ourselves, we prove the science. As we study that unfoldment we investigate the science that made us. As we compound our existences, we study how to work in tune with that law. Altho it's law to Source, it is but science and art to us. Why don't we practice that which we have unfolded by learning and learned by unfolding? That's the question here involved.

Years ago, there was no FIXED law in mathematics; followed by a great series of men, each with HIS explanation. TIME has weeded out their garden of inconsistencies. Even now, there is a FIXED LAW for human beings; we are cottoning the skirted edges, followed by a chain of thinkers, each with HIS interpretation. TIME only will weed out immaterial; TIME only will put into their place that which will be fertile.

We can but individually try to ge the best; try to be as sincere and conscientious with our work as mathematicians were with their work, and then let time ripen the product.

At present, judged by heterogeneous work done by Chiropractors, Chiropractic is NOT a science and no one knows this better than mixers who give no reason for their making it not a science than the greed for money in preference to guarantee for maximum.

Perhaps another good reason for "mixer" can be established on common ground that, when palpating a case, he cannot see from external what is internal. Writer has had as much experience as any other Chiropractor in our ranks. It has been his unique experience to have been in this work for 23 years (1918); to have seen tens of thousands of cases; to have palpated them by thousands; to have seen worst of the worse; to have met problems of our profession as well as those of other professions. Yet, notwithstanding this vast opportunity, we admit frankly that 25 per cent of palpations we make (which are as accurately made as experience can make them) are in error, not in omission but in commission. Certain conditions appear so-and-so from external, only to have spinograph reveal them some other way. No human agency can tell, in 100 per cent of cases, what exists in, of and about vertebrae themselves.

This percentage could not have been determined without constant and daily use of spinograph. Average Chiropractor in

field has not such an aid at his command, hence his mistakes must be of equal number. Instead, then, of trying to correct his errors in a Chiropractic manner with spinograph, he adjusts as his palpation shows. If subluxation, from palpation, is one way and that would prove to be wrong if spinograph were used, then certainly 25 per cent of cases will be negative. This justifies him, as he views it, to begin that pernicious practice of "mixing" on this 25 per cent "in which Chiropractic fails." Chiropractic has not failed; he simply failed to get all accurate facts in an accurate manner.

Conceding that Chiropractor aims to be sincere, then he who "mixes" for reason above stated, will purchase an X-Ray at no greater cost than many of the "mixing devices," will take spinographs of cases upon which he fails; and, under the readings he will then make, he will turn defeat to victory *at no loss to Chiropractic principle* or his own convictions as well as those of patient. For every Chiropractic problem, there exists a Chiropractic solution.

"A fool there was, he made his prayer, even as you and I," says Kipling.

When approaching a Chiropractic school it must be with one of two fixed purposes in view: 1st, to learn CHIROPRACTIC, specific, pure and unadulterated; or, 2nd, to study that which is called "Chiropractic" where mixing is admitted and devices complete and fully cover the field.

When Chiropractor enters field to practice he must do so with one of two fixed intentions: 1st, to be a CHIROPRACTOR in all that title applies, to practice only THE best with a fixed determination to educate the people from what they think they want to what he KNOWS they need; or, 2nd, to publicly admit he's a mixer and ready to serve people anything they ask for if they have the price to pay for service at charge he demands.

Chiropractic says—and you have been taught—that ONE subluxation produces ONE effect in ONE organ. It further maintains that a SPECIFIC man was well on a SPECIFIC date; having a fall in a SPECIFIC manner, there occurred a SPECIFIC concussion of forces which concentrated at a SPECIFIC place, recoiled a SPECIFIC subluxation, making smaller a SPECIFIC foramina, producing pressure on SPECIFIC nerves going to a

SPECIFIC place, interfering with a SPECIFIC function or functions, on its way to a SPECIFIC organ, thereby producing a SPECIFIC effect to which is given a SPECIFIC name.

To correct this, Chiropractic says, "Introduce intellectually and intentionally a reversed condition of SPECIFIC concussion of forces with a SPECIFIC toggle-recoil, in a SPECIFIC manner, at a SPECIFIC subluxation, to increase size of a SPECIFIC foramina, to reduce SPECIFIC pressure, to restore SPECIFIC function on its way to a SPECIFIC organ, to improve SPECIFIC effect thereby restoring SPECIFIC health coming from a SPECIFIC source. Note, we have a SPECIFIC origination; SPECIFIC transmission; SPECIFIC expression; SPECIFIC interference and SPECIFIC adjustment.

All of this simple but great feature is being abused in our vain and self-edifying attempts to ape medical men and medicine for money because patients ask for it. Whereas, once M.D. gave a shotgun prescription, now he is trying to give a SPECIFIC. Whereas, Chiropractic IS a specific, Chiropractor is laboring hard to deliver it in shotgun manner.

There are three reasons for M.D.'s failure in his MEDICAL COMPLEXITY — First, his miscarriage to get results, therefore he tried again; second, his patients' insistence upon results and again failing; third, his eagerness for "something" to sell patient who inquires for a change to get results because he failed.

There are three reasons for CHIROPRACTIC COMPLEXITY. First, patients request us to ape medical man; second, Chiropractors haven't backbone enough to refuse to ape him; and third, their greed for money and "something different" from other fellow next door.

There are three reasons for CHIROPRACTOR'S SPECIFIC. First, he has an EXACT knowledge of cause; second, he has a PRECISE adjustment; third, he has a reliable SOURCE of health which won't fail him. Delivery of HEALTH by mixing "Chiropractor" is not because of his mixing but in spite of it.

M.D. is working toward that WHICH WE HAVE but he has not; and, Chiropractor is working toward that which M.D. has and AWAY FROM THAT which we have. M.D., in reality, WANTS CHIROPRACTIC with its SPECIFIC features; and we

Chiropractors, WITH specific feature, want his shotgun prescriptions.

CHIROPRACTIC IS SPECIFIC (and you know what we mean by specific) or it is nothing. Obliterate complexity, cut out GENERAL adjustments; palpate or spinograph, or both, **SUBLUXATION MOST ESSENTIAL TO EACH CASE, ADJUST THAT DAILY AND DO NOTHING MORE.**

A MAJOR DEFINED

Major is that subluxation which, because of importance of symptoms resultant therefrom, makes it, first of all, most vital to health or life of case under analysis.

At one time every patient who now comes to Chiropractor, was well. At this stage a subluxation occurred, went thru Chiropractic cycle, until he is now sick. Change from health to sickness was acting under definite law. We are sound only as we work with it; we get sick when we work opposite to its demands.

Previous to birth we go thru formation period. After birth, and up to thirty we pass thru developmental period. From thirty on, we preserve form. 1st, we make the form; 2nd, we enlarge it; 3rd, we tend to sustain it.

Physiology has its triple division: health, sickness, death. Whether we are healthy until we die is a question of manifestation of this law. Whether our period of health is short or long is a question of how soon sickness steps in and thus manifests the absence of law. This law is as true in psychics as of materialism.

We are constantly growing, bringing forth new cells and vitality; each to take place of old. If new comes forth and takes place of old, all is well and health is its by-product.

INNATE AS A HUMAN BOOKKEEPER

Every day is a book-keeping system; it establishes a balance sheet of its own. If we enter the day with health and leave it in same way we have an established survival value balance-sheet; meaning that surviving net result is normal.

ACCUMULATIVE DESTRUCTIVE SURVIVAL VALUE

Assume 30 days. On first, man has a fall, gets a subluxation. Even at end of first day, when balance-sheet is struck it will be

noticed that there is a *destructive* activity at work. Multiply this by 30 days and you have a destructive accumulative survival value and man is sick. Continue this principle indefinitely and you have a chronic disease. "Survival value" is destructive and has been daily accumulating, piling upon itself.

One man's loss is another's gain. Health and dis-ease are time comparatives. Balance must be struck. As destruction accumulates, construction weakens. As health decreases, sickness is increasing. Original subluxation began to lessen normal vitality. Dis-ease is manifestation of absence of force. As subluxation is a survival value, so is its effect; longer it exists, weaker becomes contractive survival value because destructive accumulation has been going on.

ACCUMULATIVE CONSTRUCTIVE SURVIVAL VALUE

At the end of 30 days this patient comes to Chiropractor who finds subluxation and adjusts it. We start at that point where destruction of accumulated survival value is greatest. Reversal of above must now take place. Moment we release more vitality to go to sick place, then constructive principle works. At end of the 1st day, net balance-sheet result is that accumulated survival value is greater than destructive survival value. By inverse ratio, tables turn. The 30th day of the destructive accumulative survival becomes 1st day of constructive accumulative survival period. The 29th becomes our 2nd; 28th our 3rd; principle of destruction now changing to construction.

At end of every day survival value is accumulating in a constructive manner. Multiply these days and it is but a question of days until our case has been restored to where he was before he took sick. Law retraced itself in reduction, in like manner that it did in production.

Maximum of health is a question of survival value. Dis-ease is a comparative weighing of maximum of health and minimum of health in same individual at two separate and distinct times, between which times destructive accumulative survival value and constructive accumulative survival value principles bring about both changes.

Whether a person gets well or not, is somewhat a question of vitality. Is there any approximate rule by which we can tell

what the vitality is? There is one that is invariable. If body of patient is thickly covered with hair, it can be stated that vitality is or was good. If body is devoid of this, opposite will be quite generally true. If hair on head and finger-nails grow rapidly and require frequent cutting or trimming, this is also a good indication that body growth is strong and fast. If opposite is true, then reverse of this would be most noticeable. If finger-nails are brittle, chip off or are wavy, it is a good indication that strength is lower than normal.

DIRECT AND ADAPTATIVE SYMPTOMS

With major work many things show up, by exclusion, that have not been observed under any other method or process. These deductions can be reached by observation; nature of that being subtraction rather than multiplication. Reasoning used by all diagnosticians is that of seeing how much can be added or multiplied to attain an end; this is induction. Our process being reverse, we attain an entirely opposite product.

Studying major work brings very distinctly two broad classifications of symptoms: direct and adaptative. Under meric system we have superior and inferior divisions. Example: Female has suppressed menstruation. Fact that case has an *occipital* headache which bears a strong resemblance to abdominal feeling, is an *adaptative* series of symptoms. You would adjust subluxation which makes *direct* symptoms and not do anything for adaptative symptoms. As soon as menstruation becomes normal, occipital headache disappears.

As another example: Case may be one of jaundice, too much bile being made by liver, excess being dammed back into body, more particularly glands, thus diluting their internal secretions and poisoning their purposes. This would extend into a series of adaptative symptoms which would only be equaled by amount of excess bile being scattered and where it was going. To correct this case, under major work, you would adjust to restore normal manufacture of bile and pay no attention to whatever erratic symptoms you would notice in digestion, etc.

As still another example (which could be extended endlessly) an acute vertebral subluxation occurs. It manifests its effects with an excess heat in intervertebral disks; an osteomalacia exists thruout several vertebrae; acute angular basis of a curva-

ture is present. All of these additional symptoms which followed major one would be adaptative to incipient cause. We would find major, adjust it exclusively, paying no attention to any other and its correction would not only get curvature straight, but by so doing gradually all other effects would disappear — all because of correct persistent work upon this one all inclusive major.

Patient, when describing his or her condition, will spend two-thirds of time on adaptative symptoms and about one-third on direct. It behooves you to separate one from other, which is an art in itself and requires a keen analytical insight of our families and species to correctly accomplish.

Under all major work, we do not adjust a single subluxation which leads to any adaptative symptom. We would adjust only subluxation which leads to *direct* symptoms, after which all adaptative symptoms would become adaptative to normal. *They are "adaptative" in change from health to sickness; they will be "adaptative" in change from sickness to health.* All adaptative symptoms are normal to abnormal. Notwithstanding they are normal, they are attempts upon part of body to balance abnormal to normal by other circuitous abnormal routes — this is adaptation to circumstances.

After liver has been established to balance, bile is normal, no excess exists, no poisoning of other secretions could exist. When direct symptoms are gone, then digestion and all other adaptative symptoms are gone *without additional work at additional places.*

Close observation in this field proves that over 75 per cent of all our cases and over 75 per cent of all symptoms of each case are adaptative. We find we can eliminate much "adjusting" subluxations we formerly "adjusted" and get 75 per cent better results.

In study of majors and minors, many students are at sea as to which diseases are major and minor; which symptoms are major and which minor. So varied and so complicated and so interblended are many symptoms of majority of cases that this is a condition upon which no rules can be positively laid. Judgment necessary to separate them is brot about by close clinical observation and experience based thereon. All laboratory training that any person might gain would not be worth a picayune in de-

termining these facts. Only clinician is capable of separating one from other.

In general this much can be said: certain symptoms produce others by way of adaptation. First class we have called "direct symptoms;" others are all adaptative. Direct symptoms are major, all others being minor.

Examples that could be cited are endless, which is solely a question of two viewpoints. Close observation in clinic will make any observant person very proficient in discriminating between one and other. Average Chiropractor in average Chiropractor's office will be a life-time deducting these comparisons and establishing truth of which is which. If, tho, it is possible for him to attend our "Pit" classes for a few months, we can present sufficient cases to make fast and broad lines, establishing such certain and positive classifications that he can then discriminate for himself upon any case that may come before him.

Confusion that may arise, in any attempt at classification, is based upon fact that any dis-ease which may be regarded as "direct" can also be "adaptative" and likewise is reverse true.

As no two cases are alike, it is impossible, except in a general way, to give much direct and applicable information here. It is secured only by word of mouth in actual class work, where case or cases in question are before us.

IMPORTANCE OF LOCATION

Chiropractic analysis is but a simple resolution of locating geography of effect and connecting it with geography of cause. This question of majors and minors is more a question of geography (location) than it is a question of character of symptoms. 85 per cent of symptoms given by cases have little value, not because they are not accurate, not because they are merely symptoms, but because they have no relevancy to geography which is so important to us. About 15 per cent of symptoms given have a direct geographical value.

Focalizing value of every case, to a Chiropractor is: "Where is THE subluxation?" Thus the end of his work is to geographically locate place. If symptoms are of value, it is only so when they work to this end,

Example: It is immaterial whether the feeling of the patient in the stomach indicates a burning, itching, gnawing sensation or whether it feels full from a tumor or of gas. One of these is as significant as other, for all indicate geography (stomach) being involved.

CHIROPRACTICALLY MEETING CHIROPRACTIC PROBLEMS

Here was a problem. Having observed conditions, recognized them, what was correct manner to take care of them?

1st. Chiropractor in field took this as a shortcoming of Chiropractic; it was a lameduck excuse for proving to him limitations of principle and its application, hence it was an excellent excuse to justify his mixing. What Chiropractic couldn't do, mixing might therefore be tried by stimulating or inhibiting them and getting back to same net results as any physician with his drugs, or osteopath with his manipulations. It matters not whether the method be stretching or bathing, the 24-hour balance-sheet struck average and case was no nearer health at conclusion of experiment. This did not solve problem.

2nd. The P.S.C. hypothesis was that for every Chiropractic problem there was a Chiropractic solution. We went back to our old stand-by that every person had, at all times, 100 per cent of curative forces resident within his body. If, in a certain set of conditions, our cases did not get well it must be because we were distributing our curative forces to too many places and not getting a survival value that could accumulate, day by day. Let's adjust fewer places and concentrate forces to one most vital to life of patient.

Many Chiropractors justify their mixing because they get these cases which will not get well under Specific System work. If they will now omit mixing, try to do Major work they will have a smaller majority of cases to fail on; their scope will now include all those cases they formerly failed on; their ability will have increased materially. Chiropractic will once more be the complete subject that they desire it to be, scientifically as well as practically.

Only difference between "results" today and yesterday is in percentage. When we ask an ancient why he does not use most modern principles and practices, he usually replies: "I am getting

results and why should I worry?" True, out of 1,000 cases he is getting same percentage today, with ancient methods, that we got in earlier days with same methods. As method gradually climbed scale of efficiency, so did percentage of results increase. He who still uses the shoves, gets shoves percentage, which is far less than he who uses modern toggle-recoil.

We prefer to believe in inherent goodness of all men and women. We prefer to feel that every Chiropractor wants to rely absolutely upon Chiropractic providing it measures up to this expectation. This it has not done in past; this it will do in future if Chiropractor will put into practice Major principles herein set down in a conscientious and correct manner. If any Chiropractor, from this time onward, prefers being a chiropractoid and mix, it is because he prefers being dishonest and a grafter and to dishonor a philosophy, science and art rather than to be constructive of its purity. Contempt is only too good to be given that man or woman who prefers being crooked when easier way is to be straight. When any Chiropractor will inconvenience himself to lie to his patients, when he could tell the truth, then such person should be treated with absolute contempt by sick public as he is not in business for health, but money.

Method of getting all sick people well with Chiropractic is now before every Chiropractor. Excuses are not in order.

PATHOLOGICAL FAMILIES AND SPECIES

Mother Nature divides herself into Vegetable, Animal and Mineral. Each of these is divisible into Families and each Family into its Species.

Among the Animal, we have bovine, equine, canine, simians, reptilians, amphibians, vertebrata, homo, etc. Each of these is divisible into classifications which we need not enumerate here.

Families are as numerous as possible great divisions of functions, no more nor less. And, even with these, it is a question how far we can go with division of colors when there is but one color — white, black being its absence. Life is but motion; motion is but function; function is but mental impulse; so, after all, it is non-divisible. But, students have seen fit to try to arbitrarily divide that which cannot be done.

Nine primary functions, which are entirely arbitrary, are: —

- | | |
|---------------|------------------|
| 1. Calorific. | 6. Reproduction. |
| 2. Motor. | 7. Reparation. |
| 3. Secretory. | 8. Nutrition. |
| 4. Excretory. | 9. Sensory. |
| 5. Expansion. | |

(In Vol. 2, *The Science of Chiropractic Library* (Palmer), is found a lengthy article descriptive of each of these functional divisions, with an outline of boundary lines of each, with examples to make it clear. For that reason we will not reproduce such here. In monograph, *After Tomorrow, What?* (Palmer), is a lengthy explanation of plus or minus of function and why no consideration other than these two can be given, hence it will not be duplicated here.)

Let us take each of these functions and tabulate it: —

Function	Plus	Minus	Character	Family
Calorific	x			Fever.
"		x		Absence of, in the fever family.
Motor	x		Permanent	Contracture..
"	x		Off and On.	Spasms.
"		x	Permanent	Paralysis, and Prolapsis.
Secretory	x			Poison. (wet symptoms)
"		x		" (dry symptoms)
Excretory	x			" (wet symptoms)
"		x		" (dry symptoms)
Expansion	x			Tumors.
"		x		(?)
Reproduction	x			Monstrosities. (Not a pathological family.)
"		x		Paralysis.
Reparation	x			Tumor. (Hypertrophy)
"		x		Anaemia.
Nutrition	x			Tumor. (Obesity)
"		x		Anaemia (Emaciation.)
Sensory	x			Sensations (Hyperesthesia.)
"		x		Sensations (Anesthesia.)

It will be noticed that we have only neglected to classify any of the above into the degenerative family. This is because degeneration of tissue is a combination of three families, viz.: fever, nutrition and reparation. When fever is plus, nutrition absent and reparation minus, *degeneration of tissue* must always ensue irrespective of where, when or how.

We wish to interject a physiological truth here not generally known, at least not studied or taught in pathologies as clearly as it should be. Speaking of "degeneration of tissue" we must differentiate between degeneration OF TISSUE and degeneration OF EXCRETIONS. Cancers, lupus, caries, ulcers, etc., are present degeneration OF TISSUES. Catarrh, no matter where, is but degeneration OF EXCRETIONS of tissues. Mucus of catarrh is but degenerated fluids. So far as major is concerned, same rule applies.

In studying cases, you should focalize everything to end of determining family, going into species only so far as it proves family. This is but another way of raising same question of whether *quality of symptom* is of value or whether quality should be ascertained only to end of locating its major subluxation.

Type of case, which is clearly one of a distinct family, is rare. You will get very few cases of FEVER FAMILY, without any complicating other species of symptoms. It may be typhoid fever, malaria fever, eruptive fever or bilious fever or something else which takes it out of fever family alone and complicates one family with another; as typhoid fever is general but involves Peyer's patches in abdomen; malaria fever involves fever and poison families; eruptive fevers involve same two families but produce latter stage of erupting it to skin instead of carrying same off by kidneys, and so we might go on with complications of mixtures of families and thus producing an endless array of species.

We could put this in another way. There are but nine primary functions, hence but nine primary families. There are but two ways in which each primary functional-family could be involved, hence but eighteen ways in which there can be species. Begin to cross these eighteen species, in different organs of body in their complications and you have multiplied hybrids until it takes a book on symptomatology 500 pages to even scratch surface.

It is hybrid of species which makes particular case before us difficult of elucidation. By analyzing case, from species to family, from quality of symptom back to its character to determine location, no difficulty should be noticed in determining major for adjustment.

In Honolulu we saw a flower show with over 5,000 species of Hibiscus, which is their National Flower. While there are 5,000 species there is but 1 family. Difference exists in crossing species. Symptoms are same way. There are 5,000 times 5,000 species of symptoms and you become dazed by maze of them, but by working for family to which they are all subject, no difficulty should be experienced.

Every book on symptomatology is herein boiled down to nine families — with their plus and minus species. Knowing symptoms and studying all cases from that angle only, then 500 pages of symptoms — species are necessary. Knowing families, it is not necessary to know minute detail of all species.

Two things are essential to reproduce third. Learn family and location in which it exists and these two facts will positively determine location of major subluxation.

Family	}	equals Major.
plus		
Location		

We do not know of a single dis-ease to which this does not apply.

At present writing, we do not know of a single pathology which won't fit to this rule. There are those cases where it may even be necessary to get species of symptoms to finally round up correct family; but, if so, it will be done for purpose of determining family rather than to end of a more elaborate species for diagnostic purpose.

Just as anatomy does this, in a broad sense, so do physiology and pathology make same classification into families of each individual.

Following are some of more marked: paralyses, degenerations, tumors, fevers, prolapses, contractures, poisons, spasms, etc.

Under each family comes its many species; different kinds of the same.

We shall enumerate some here because of their value in checking up major subluxation. Having found family, major usually is far more easily ascertained, because in some of them, it is usually always in one place.

NINE FAMILIES AND THEIR ONE WIFE

Paralyses: — monoplegia, paraplegia, hemiplegia, dual hemiplegia, multiple monoplegia, spastic paralysis, infantile paralysis, anterior acute poliomyelitis, etc.

Degenerations: — cancers, ulcers, scrofulas, tuberculosis, boils, syphilis, necroses, curvatures, etc.

Tumors: — sarcoma, carcinoma, lipoma, osteoma, neuroma, myoma, fibroids, fatty, cystic, hypertrophy, etc.

Fevers: — malaria, typhoid, diphtheria, appendicitis, tonsilitis, scarlet, measles, small-pox, yellow, etc.

Prolapses: — hernia, ruptures, prolapses of hemorrhoids — bleeding, itching, protruding, etc.

Contractures: — educated, voluntary, motor, inco-ordination, cramps, torticollis, curvatures, tetanus.

Poisons: — wet and dry man, dropsy, seroedema, jaundice, ureamia, skin diseases, etc.

Spasms: — epilepsy, chorea, paroxysms, tremors, convulsions, St. Vitus' dance, apoplexy, twitching eye-balls, etc.

Anaemia: — any and all cases wherein depletion of tissue has occurred; contrasting from the degeneration of tissue.

Sensation: — Such as hyperesthesia, anesthesia, etc. As this is adaptative responsive mental interpretation of physical conditions, it cannot be construed as being direct or in a family except by inverse ratio to condition from which it is reversed in its cycle.

All sensation is but an internal mental interpretation of external physical conditions. If external conditions are normal, then internal mental interpretations are normal. If external physical conditions are abnormal, pathological, feverish, contracted, etc., then internal mental interpretation is equivalent. Sensation is solely adaptative upon condition from which it has its origin and cannot be taken into consideration as a factor in determining major. Instead of weighing characteristics of "pain," weigh more carefully conditions which gave origin to pain. "Pain" is purely mental, is located in mind in brain — condition which gave "pain" birth is located somewhere else external to that brain and it is that which determines major, not "pain" or other sensation.

In counting above functions you will note ten titles. Nine of them are families. Tenth — sensation — is indirectly involved in them all in equal degree or of varying kinds.

Example: — Pain or ache might be mild or severe in any one of nine families described. It is secondary to each and all. We mention this that it might not be misconstrued in importance in determining any factor connected with its major. It is one of the species symptoms connected with all. It is a diagnostic feature and is only of value to you and us so far as it helps us to determine FAMILY and LOCATION.

HOW TO DETERMINE MAJORS

Students find it difficult to solve problem as to how writer can stand in Pit Class and frequently pick major without one word of explanation from patient; or do so upon a very meager amount of history. In brief, we weigh as far more important the major facts than the minor ones; or, far more important is gross study rather than minute. It is possible to go so far into so much minute history of pathology or symptomatology that student can very easily lose sight of thing he is after. This is evidenced by fact that physician who has been trained in laboratory (which is but an exhaustive study of detail) loses sight of essentials, becomes confused in his maze of detail, and finds that he knows so much about his case that he is unable to come to any conclusion.

Trees are trees, just as horses are horses or cows are cows. In great gross there is little difference between one tree and another, one horse and another, or one cow and another. Go into a forest and a tree is a tree; step into a stable and a horse is a horse, same as a cow is a cow. Same is also true of all disease (*as an entity*) but as a dis-ease, it is but "*a condition*" of matter.

If you care to go into minute qualities of trees, cows or horses, there is no end to minute complications which man's mind can make of difference between one and other. Same is true of diseases (as entities) or of dis-eases (as conditions).

Our plea here is for gross study rather than detail elaboration. When you have ascertained *the family*, it is not always material as to *the species*. Whatever questions that might be asked, leading to *quality* of function, would be solely to end of locating vertebral subluxation.

A patient suffers with a MAJOR DIS-EASE, comes to you for adjustments FOR THAT. He gives history, symptomatology and pathology. You analyze spine, find major subluxation according to his history.

What objections can there be to change from specific adjusting and major adjusting? What harm would occur should a change occur from one plan to another? There can be but one most important change, viz., patient will think that he is not getting enough to do him any good. Notwithstanding that he goes to Chiropractor to have his heart trouble adjusted, he will maintain that because he is not being adjusted for the four other troubles he has, even tho they are minors, he will quit and go to some Chiropractor who will give him specific adjustments for all his troubles. Putting it plainly, patient is quitting because he is not getting enough for his money and time or because he does not see some improvement in a minor complaint.

Suppose a sick individual goes to a physician and complains of heart burn. It is this he wants medicine for. Does he quit him because same physician is not giving him drugs and noting an improvement in roaring of ear, in catarrh of nose and other complaints? Hardly. Suppose another person with a prolapsis of the womb goes to a surgeon and an operation is decided upon. Does patient grow dissatisfied because he did not remove other organs that were suffering previous to advent of this one worst one?

While it may appear that patients might think that new method is underadjusting them, only patients themselves could tell, if they would, how many times they have been overadjusted by "adjusting" too many places too often.

Chiropractors have told me that they have, now and then, lost a case, under major work, not because case was dissatisfied with what he was getting, but because he thot he was not getting enuf for his time and money. Is patient better judge of methods or quantity of drugs, operation — or adjustments?

What a patient thinks he wants or gets is entirely a matter of education, a matter of explanation upon part of Chiropractor. If he does not explain, we will take it for granted that patient will not understand and will leave him because of no comprehension of the work itself.

SUMMING UP

Use one SPECIFIC kind of adjusting table, and let all the field be alike. Let us have one definite adjustment, and let all do alike; one SPECIFIC major subluxation for each case, adjust that, and get our case well quickly; secure one SPECIFIC result in each case, for upon that strength lies the value in public opinion of our work. Let us do this united as a profession.

Specific successes are better than shot-gun failures. We have shot-gun "adjustments," shot-gun adjusting tables, and shot-gun methods. Specific work is KNOWING; shot-gun work is GUESSING. A person who travels from Chiropractor to Chiropractor says there is no science to Chiropractic for there are no two alike, all differ — and he is logically right.

"206" is not, in reality, a NEW move, which information might be a disappointment. It is only an improvement upon an old "move," and such has been true from No. 1 to "206." There have been no new moves; each was a shade of improvement upon the one before. So it is one move improved two hundred and five times.

You have now a clearer interpretation of "205;" and when you get the next little twist of the wrist added to the little you have of "205" it will help, if you but apply the additional interpretation on the work you have previously had.

To you who have not grasped what we meant by toggle-recoil adjustment, I hope this explanation will give a clearer comprehension. Bear in mind, in conclusion, four fundamental principles: —

First, you must toggle your forces; concentrating them to a point;

Second, you must recoil that toggle; meaning when you have reached your object get away;

Third, you must land your blow that it might affect the velocity of the mass; and

Fourth, by so doing you reduce friction by reduction of cleavage, and mass moves freer.

"206" is not the production of a minute, hour or day; neither is this lecture given from off-hand theories, or given birth within

a few days. This work was in large measure elucidated over four years ago, and "206," as an adjustment, has been in use in private "problem cases" for over that period in proving statements we here, and only now, make public to our classes and clinic for that period of time.

We have attempted, in this paper, to give reasons why specific work is preferable to general adjustment. We have aimed to present the history of moves, introducing latest and its exact features.

Contrary to usual custom, "moves" are given birth like mushrooms. The P.S.C. has never had occasion to entirely deny any premises yet brot forth, as they are the result of: 1st, logical correctness; 2nd, their testing on actual cases; 3rd, considerate and more than unreasonable comparison; 4th, sanctioned by The P.S.C. Faculty before presenting to you in lecture form.

CHAPTER 79

The Story Of PARADOXES

(This lecture was delivered before the 3rd Annual Lyceum of the Chiropractors of the world held at Davenport, Iowa, in 1916).

THE PARADOX OF THE LYCEUM.

This is a paradox. High registration this evening on second day of our Lyceum is 3064. Tonight's Daily Times outdid itself in giving an Editorial welcome to city of Davenport. This has never been done before. They also had one column on front page and two columns inside, almost an unparalleled act.

PARADOX OF MAYOR.

Voice: Dr. Palmer, has Davenport a Mayor? (Mayor did not deliver an Address of Welcome.)

Dr. Palmer: A Paradox.

Webster says: "A paradox: a tenet or proposition contrary to received opinion; also an assertion or sentiment seemingly contradictory, or opposed to common sense, but that yet may be true in fact."

PARADOX (Jessie B. Rittenhouse.)

I WENT out to the woods today
To hide away from you,
From you a thousand miles away —
But you came, too.

And yet the old dull thought would stay,
My spirit to benumb —
If you were but a mile away
You would not come.

Far reaching effect of paradoxes stops at no one division of human thought or labor, hence we study them under respective headings.

1. General.
 2. Religious.
 3. Medical.
 4. Legal.
 5. Chiropractic.
 - a. study.
 - b. business.
 - c. financial.
 - d. legislative.
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GENERAL PARADOXES.

We will handle paradoxes from different sources, allowing future to settle fact.

PARADOX OF EDUCATION.

Education, IN THEORY, conceives that last word has not been said, last that has not been thunk, last word has not been written or printed, upon any particular subject.

As an application, medicine and medical men say — We know VERY little of human body; we know nothing of application of drugs; surgery is a field we are just opening; there is much to know about sickness and health, death and life.

Medical education, IN PRACTICE, says all that is worth saying has been said; all worth thinking has been thunk; everything worth printing has been printed. Let us say we have that a new new hypothesis of life and death, sickness and health; found a subluxation where before none was known; discovered something better in way of a remedial method; can do the thing he fails on, and paradox is true. His open-closed mind says you have nothing new, nothing practical, you accomplish nothing.

Medical education, IN THEORY, says there is much to know, and medical education, IN PRACTICE, says there is nothing more to know.

Why? From whom? Medical men who pose as being liberal, most eager to be of service to sick.

Is this paradox confined to medicine and Chiropractic? Columbus believed there was another world, Isabella gave him money, he found the world and returned with evidence, and

Isabella caused him to die in a dungeon. Did not Bruno, Galileo, Luther, Cervitus, Franklin, Edison, Wright Bros., Marconi, Palmer and others go thru same?

Medicine, in theory, needs progress. Chiropractic, in practice, proves Chiropractic is progress, that it is an addition to education, yet its reception is paradoxical from those to whom its reception should be most inviting.

PARADOX OF DISPLAY.

Some people believe that important discoveries are attended with pomp and ceremony, that great men are born in homes of rich, of parentage of brains and noted achievement and are kept alive by being nurtured under favorable circumstances. Let some John D. Rockefeller establish a Rockefeller Institute and donate a million to find a hook worm, let a new kind of bug be found in their laboratory, and it is heralded with magazine articles and free page space in papers. Nothing that was heralded with gush and clamor, that came with trumpeting of horns, that people became crazy for immediately with millions behind it, has stood test of time and become generally useful in ages to come.

Paradox is true. Everything of value, that eventually forced itself into greatness throughout history, was born of humble environment, came in rags and tatters from "ignorant" men, and thrived only under friction enuf to discourage any idea. Pick out least possible man to do great thing and from him it came. Pick out most possible men to carry it on, once it is known, and from them you get greatest opposition. We have in this school at present time a poet — and we know it. He spontaneously strings off the most thotful poetry seemingly as though inspired. You wonder what fisherman's shack he came from. Yet, paradoxically, hidden behind that uncouth exterior is the poetic soul.

Let a man go down the street with a silk hat, Prince Albert coat, gold headed cane, patent leather pumps, and you turn to look and wonder what great man that is. Paradox is true. That man isn't great. If he had brains of more than passing note he wouldn't wear a silk hat to make people think he had them. That man uses his head as a hatrack, not as a vehicle for thot. Our men who have been made great by general acclaim, judged

by work and works, deeds made and given to public freely; whose aims and objects surpassed their means and possibilities, never wear silk hats and Prince Albert coats. Men of greatness have ideas which are great; their all goes into idea for service, not into clothes for effect of self.

Great men are simple men, not complex. They do not care, clothes or no clothes. Ideas are important, not dress.

Note Thomas A. Edison, Henry Ford, Luther Burbank; in fact, the great men of your city, be it large or small. There are few great men, hence near-greats are in majority.

PARADOX OF CONSERVATISM.

Seemingly certain business men, and some Chiropractors, believe that business should be conducted with secrecy and conservatism. You don't call it by that name. You dignify it by "ethics of the profession" and dress it by trying to make male-advertising-business into a female-ethical-profession. Outward dress never changed facts underneath.

We do not know of any business that has succeeded but what always laid brains and business open to public investigation. This school has no secrets. We tell too much sometimes, yet we believe in public knowing all facts. There are some businesses that maintain a secret policy. Bell Telephone Company, Express Companies, American Steel Corporation, and other national as well as local corporations, have been advocating a newspaper campaign of education, are taking public into their confidence and telling them facts.

Paradox is true. If you wish to succeed in business, the public must be your ally. Frankness and publicity count. Chiropractors have received more publicity as a result of friction resulting from court trials than any other means at their command. Win or lose, they win in publicity. That which is right has nothing to fear from spotlight of public criticism; they profit. Once public knows, you can bank on them if it is constructive to their interest and they know it.

Why do men in a business or profession do former and not latter? Because average business is of such a character and has been conducted in such a manner that they are compelled to

shrink from one and not expose themselves to other without involving their acts and heaping upon themselves public condemnation.

Medical profession is a glaring example. They will not advertise; "it is unethical." They restrict any man from advertising even tho he wants to. Reason is apparent. Medicine is fostered by ignorance, nursed on incompetency and thrives in darkness. To hold this up to public gaze is to prove that upon which they live and without which they would die. Secrecy is as necessary for them as manure for mushrooms. To endorse publicity would be to kill confidence of public mind.

Physician has his code of ethics one of which is "Thou shalt not advertise and pay for it." An ethical physician will not insert a display ad, pay for it, and tell people who he is, where he is and what he does. He will appreciate it, if he is called in on an accident case, to have his name mentioned; or, if he performs an operation, he does not object to having that told—in short he wants and asks for unobjectionable without objectionable. It doesn't take "ethics" to be a beggar, or a hobo to be a failure.

Medical idea is well impressed upon public mind. They know medicine, what it does and does not do. There is no need of advertising MEDICINE. It is physician that needs advertisement and it is reference to himself he appreciates whenever it doesn't cost.

Chiropractor also has business principles one of which is "Thou shalt buy all the space pocket-book permits." Chiropractor buys space same as any merchant having meritorious goods to sell. He wants to tell people about himself, about his idea, its work and what it does.

Chiropractic idea is new, it has prejudices and deep-seated viewpoints of older idea to up-root and un-earth. There is a need that people be taught what it is, what it is not, what it does and does not, and no better means exists than thru public press.

Medical idea is admittedly a failure. It fails to cure sick. "Operations are always a success, BUT —." Practice of medicine is a failure in hands of competent. To advertise is to exploit failure. They don't dare advertise; to do so would be to show that incom-

petent medicine in hands of competent medical practitioners was a failure; it would be holding up to public gaze, with spot-light glare on their bungling work. They don't advertise for they have nothing TO advertise.

Chiropractic idea is admittedly a success. It does get sick well. Its patients are walking advertisements. Practice of Chiropractic is a success in hands of its most incompetent. To educate public by means of publicity of what Chiropractic is, is not, and what it can do means to increase the ever-spreading ring faster than could and would be done by word of mouth or patients alone. To give publicity to Chiropractic work is to bring smiles to face of Chiropractor.

There is a difference between advertising *failures* OF A PROFESSION and making publicity campaign material out of *successes* OF A BUSINESS. Chiropractor has goods to sell worthy of investigation. He places them on open market, they are subject to criticism; there is no dark closet methods or secret conclaves to hush matters. Having confidence in his goods he puts them to test and makes mention that "A pleased customer is our best advertisement."

Paradox is: physician won't advertise because he has nothing TO advertise. Chiropractic wants publicity because acid test increases its popularity.

Chiropractic profession is a glaring example of opposite. They have something to tell people; they have results they want to explain. They place no restrictions on publicity; on reverse, seek opportunities. Reason is apparent. Chiropractic has a hypothesis that is tenable, practical, reasonable, appeals to common-sense; its application is based on making sick well, prolonging life and making birth easier. Such a premise grows best when people know those facts. To prove such is to cause people to support one and ignore other which it supplants. Publicity is as necessary to Chiropractic as secrecy is to medicine.

Those businesses which pay have nothing to conceal. They throw wide their doors, everything to everybody, invite inspection, ask for suggestions, and appreciate criticism of their methods.

Have something to say, say it and shut up.

PARADOX OF REVERSES.

It's a queer world. Sometimes the good are happy, and sometimes the wicked are. There is such a thing as being so good that our nerves get outside of our clothes and stay out.

For example: Minister who used to raw-hide his children to make them go to church to be good, and lied about it, to his neighbors, when caught. Sometimes those who devote much to their health grow ill doing so, while those who abuse their bodies God gave them sometimes seem to thrive. Note person who diets; he's always a dyspeptic. Note woodsman who throws in anything; he's a giant and we are jealous. Eat and the world eats with you; diet and you die-it alone. Women who crave children remain barren, philosophers work at boiler-making, nin-compoops fill high offices, and where an electric light attracts thousands a solitary poet will get out of bed to see the sun rise. A truly curious world, in which most of round holes are stuffed with square pegs and vice twista! Worst of all is that the principle of paradoxes, which governs distribution of life's disadvantages, is so that the longer you study it the less able you are to analyze it by present standards of education, and the more it paradoxes upon itself.

PARADOX OF CREDITS.

It is a peculiar world. People who do things should be honored, and people who do not should not. Paradox is true. Person who doesn't do things is honored, while person who does is not. Eradicating the individual and basing our calculation upon a cold accomplishment basis, what has J. B. Murphy done, what have many other men done in medical world? Yet intentions are to erect a million dollar memorial to him. Dr. Murphy did not do one practical thing to advance the world. He performed many marvelous and exacting operations for individuals, made a trifle more accurate diagnosis than others, possibly invented the Murphy Button—but he left nothing behind from which the world grows better or advances to better take care of itself. He did not make world more independent nor did he help man to better help himself. He made man more dependent upon medical profession. Yet a man who is really doing something for the

world, solving some of world's big problems, is prolonging life naturally, introducing a system and simplifying it for common everyday use by common every day people, is relieving pain for future as well as present, is deciphering natural principles into rules of vertebrata growth — yet he is little understood and hardly known.

PARADOX OF NEGATIVE.

Seemingly the world loves a living negative, and seemingly honors its dead positives. World, though, fights living positives but forgets its dead negatives.

PARADOX OF ENDOWMENT.

An institution doing practical work is one that needs most severely an endowment. What we could do with a mere hundred thousand dollars; hundreds of thousands more people we could reach in one way or another. But institution that sets pace does not get endowment. Reason is simple. We are presenting a NEW idea. People who take up a new idea are paradoxical people — those from whom you would least expect it. This being a health subject, physicians should be first to investigate — they are last. It being an intellectual subject, you would expect thinkers to study it — paradoxically, they are last. Those who first get it are the sick down-and-outer, laborer, who doesn't make thinking a business. He gets, tries, passes on good word and from him it is stepped up, by degrees, to brains. Then brains force physician and wealthy man into it, then comes endowment. Between time of laborer and endower is a long period for growth, gradual and very slow with merit. After awhile, when stairs to rich man's approval have been reached, endowment will come; and then, paradoxically, we won't need it. Yet institution which is useless gets endowment and institution that is useful doesn't get it.

PARADOX OF GIVING TO GET.

The more you give away the more you get back. The more you give the more you receive, to give and receive again, and in giving and receiving comes accumulation of interest on principal.

Were anybody to tell you that the way to receive is to give away, you might not believe it. Paradox is true. The more we gave away last year, the more of you decided to come. Moral is, if you want business, get it same way. Give service away, and plenty, to your patients and they will give patients, and plenty, back to you.

PARADOX OF LECTURING.

Lecturers learn to lecture by lecturing, not by sitting thinking it over. First time we lectured to "a public audience" was in a barn. We sat sticks of wood on end and convinced every block-head that we were right. Talking teaches you to talk. Every Chiropractor should be a public speaker. It would give an added valuation to our profession of a million dollars a year. How are you learning to talk? By talking. They give away, thus give to themselves what they didn't have; courage, language, front, ability, etc.

PARADOX OF STUDYING.

Students learn to study by studying, not by time at movies, cribbing, skinching, beating time and time-keeper. In studying they put thot, time, effort and elucidation into it, giving of themselves for themselves to themselves. Practitioners work for a practice by practicing—thus gain back what they try hard to hand to others; confidence, reward, success. Teacher is his own best pupil and, paradoxically, best students are their own best teachers. Teacher who teaches knows best his subject because he puts more into it. You make muscle by using muscle; you don't make muscle by having a masseur work it for you, as some idle rich seem to think.

There are two ways of stating this paradox.

1. You draw from others what you give them.
 2. You draw towards yourself what you radiate.
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PARADOX OF UNFIT.

Sane carry burden of insane. Honest man sustains thief. Chiropractor who aims to save life carries burden of a war ma-

chine which kills. Moral citizen maintains morals court. Producer is taxed to keep life in non-producer. Industrious feed lazy. He who works, at a profit, gives of that profit to clothe hobo. No matter who, where, what, or why — man who wants to get ahead must not only carry his burden but he must shoulder burden of man who won't, and carry them both to get his own to pinnacle.

Laborer is worthy of his hire; yea, and laborer is worthy of ten hires for he must do ten men's work to carry burden of nine blood-suckers who leech upon him.

There are men who strive to be of service; they earn and give much. They are of value not only to striver but to non-moving individual. Why does he carry his burden, manufacture in excess to carry burdens of other laborers, and in addition give to him who neither spins nor toils? He does because he enjoys doing; he carries others' burdens for pleasure of carrying.

Unfit should labor, they don't. Those who labor should confine it, they don't. He who doesn't labor should not have, he has. He who labors should have all he earns, he can't. Activity and its rewards are a paradox. Harder a man works, more others sit by and let him. They shouldn't but they do.

PARADOX OF PEACE.

Upon one side of stage of "The Birth of a Nation", in which Bessie Love was a star, is a paradox, a quotation from Grant — "To maintain peace, prepare for war." Greatest peacemakers were greatest warriors. Grant, Lincoln, Washington, Napoleon, all were homelike, peaceful men. None enjoyed a fight, yet once they got into one they realized it was only way to maintain peace.

PARADOX OF LARGE PRACTICES.

You want a large practice. Paradox shows how to get it. You think the way to have a large practice is to put in long hours. Paradox is you should cut your hours. Largest practices are owned by men who put least number of hours in offices. Smallest businesses are run, paradoxically, by men who put in most hours. And, herein lies psychology successful man understands and utilizes. Having short hours crowds his office with people. They

see many there and their imagination has full sway. They meet, talk, know each other's cases and each tells other how much better they are feeling today than yesterday, etc. Having long hours lets a patient come in any time. He is alone, remains so, has his adjustment, lies down, gets up and goes without meeting any other person. If he is in your office 30 minutes or an hour, meets no one, effect is that your business isn't large or it's running down.

PARADOX OF MINORITY.

You have an idea that majority rules. Paradox is that minority rules. There is always one rich man in every church who dominates financial policy and dictates what minister shall theologically say; a Richard Crocker, a Tammany in every political game; a machine, a ring, somewhere. Gang is run by minority boss who dictates to majority mass. Every House or Senate has its party affiliations and party lines when it votes upon issues; what about Senate and House floor leaders — they are minority? This is true in legislation and legislatures. If you get ahold of boss, majority follows. In politics, business, social activities, aggressor is the protestor; he who affirms is on defensive; it should be reverse. And this much may also be said: medical devil who is aggressive accomplishes more, even tho in minority, than Chiropractic angel who is passive, even tho he be majority.

PARADOX OF INFERIORS.

In philosophies, sciences and arts, particularly in practice of medicine, aim has been to adjust the world to man. Didn't The A. M. A. go to Panama, take care of "dangerous" swamps by dragging petroleum from Pennsylvania, to spread them, to kill mosquitoes from making human beings sick — adjusting the world to man. Doesn't each minister of each denomination try to get the world to worship, think and do according to his interpretation of Christ? Isn't it the general premise of all religions to believe that God doesn't know what, how or when to act until man persuades Him, thus fitting to God the world? Doesn't the lawyer make legislation to run the world, in its each and every endeavor, leaving practically nothing for God to reason upon?

Doesn't lawyer lay down rules and regulations in this generation for future peoples to be controlled by? If this isn't a desire to adjust present world to future worlds, what is it? Doesn't physician treat people, their sicknesses and disabilities with other things taken from same world, thus adjusting one part of world to another so man can live in it?

Paradox is again true. In philosophies, sciences and arts minister should know that the world is right but that man is not in tune. That God knew how, when and where and man hasn't properly and correctly interpreted conditions so he can adjust himself to God. Lawyer should study, preach and practice the external, internal and eternal law of Universe and direct his attentions to its application in courts and juries rather than one of technicalities based upon frailties of selfishnesses of man. If man would adjust himself to Law of God, paradox would make itself felt. Doctor should adjust man to world that he could be in harmony with it and thus learn to get along without the doctor. Instead of manufacturing dis-eases he should learn how to reduce them.

Chiropractor, knowingly or unknowingly, lives above paradox. We say "knowingly" because philosophy, science and art he utilizes upon the sick is based upon premise of adjusting God to man. We say "unknowingly" because while he practices and preaches one, his everyday line of reasoning, religions, legal tendencies, sicknesses usually are based on opposite premise. He is as bad as the lawyer who "believes" in Law of God on Sunday but makes his living with Statutes of Man other six days; as bad as physician who prays to the Law of God on Sunday but practices medicine and surgery as a cure-all on week days. Paradox says "Remember the week-day to keep it Holy." Chiropractic is the paradox. We no longer try to adjust world to man, we are going to adjust man to world.

RELIGIOUS PARADOXES.

Now, a few paradoxes along lines you may not like, but which you will nevertheless find true.

PARADOX OF CHURCH.

People who support churches do not need them, people who need them cannot support them. Certain people go into streets to take care of people who do not go in church, and we have Salvation Army who are looked down upon by people of church. Lowly Nazarene never erected a building in which to pray to God. He walked in highways and byways and preached to handfuls. He never created hand-embroidered clothes done in gold thread, neither did he establish a ritual, nor did he ask that you pray to HIM as savior of people. Neither did he erect a cross and put himself on it and ask you to make similar things of gold and silver and pray to them in preference to God.

Today we pray in massive, magnificent edifices that cost from a hundred to two or three hundred thousand dollars. That wasn't the teaching of Christ. Paradox is with us. Nowhere did Christ say — "Go to Methodist church and worship me. Come to Presbyterian church and give your soul to me." He said — "Honor thy Father." Yet today 99 per cent of every prayer, 99 per cent of every service, all images and idols, are of Christ, and God is 1 per cent left. Christ was Godly; but modern Christians believe in Christ. The paradox!

People who need message of God, assuming that organized-religious-bodies are carrying Christ's message on, are down-and-outers, people whose morals are below par, whose tendencies to break responsibilities of life are maximum — those are people who need message of church. These are thieves, prostitutes and murderers; either at large or in houses of retention. Did you ever hear about pillars, men and women who support churches, visiting assignation houses, dives and penitentiaries? Ever see them stop by the way-side and give an encouraging hand to a needy soul? Paradox is, you will find them gathering at somebody's house at 4 o'clock tea parties talking ABOUT such things, taking a collection for such as these in some foreign country, washing their hands clean thinking money supplied suffices the deed.

PARADOX OF MINISTER.

A "minister" is one who ad-ministers. Average minister — who doesn't minister — doesn't like such talk and arguments. It hurts

because what Christ did is well known; what modern teacher is not doing is well known and yet he presumes to be a disciple of Christ. Minister is presumed to stand for truth. The paradox is true. Face him with these truths and he hurls back "Infidel". It's truth that hurts the minister. He preaches one thing in pulpit that he doesn't believe, and heart to heart tells you something else. We know, because we come in contact with them. We have a Ministerial Alliance in our city. Several years ago this Alliance proposed to denounce us in their pulpits. The Rev. Father said, — "I am not going to do this unless I know what you stand for." I told him, and he said — "I won't denounce you." The Baptist minister came. He said — "I agree with you, but I dare not say it from the pulpit." Next Sunday various ministers denounced us, and on following Monday we got a phone call from the clinic, asking if we knew what was attracting such crowds of visitors. They were curiosity seekers — they wanted to see the man who created such activity on part of ministers. We were anointed a devil. Christians should shun evil, yet paradox was true — they came to see the devil. They came to scoff and remained to praise.

PARADOX OF MISSIONARY.

Missionary work is giving from those who have to those who haven't; a giving from less needy to more needy; a more equal dispensation from fortunate to unfortunate. Our churches have foreign as well as home missionaries. When those at home have taken care of those at home who haven't, then is time to talk FOREIGN missionaries. Our churches persist in giving to foreign missionaries when multitudes at home are destitute, hungry, cold and homeless. What did Christ do? Did he ignore local and feed foreign?

Every nation has a religion characteristically its own; native is content with his religion be it what it may; they are more content with their religion without ours than they are without theirs when they get ours; native practices his natural religion with far more fervor, honesty and uprightness than he does ours when it have been imported for his benefit. Home people are more content with us than without us, we give foreigner a religion not as good as his own when home people need ours as bad as it is.

We give the all-the-year-round summer foreigner winter clothing, as a foreign missionary tribute, when people at home are freezing in winter. We build palaces of churches in foreign lands when those natives would be better off with their natural hoo-doo doctors who do nothing but pray, which can do no harm and as much cannot be said of drugs or knives.

They would be better off without that which we spend good money to send. We gather pennies and nickels, Sunday after Sunday, for foreigner, to find it takes \$9,000 in salaries to finally get \$1,000 into average foreign country, balance having been spent along the line to get it to him. It costs \$10,000 to convert average foreigner to Christianity and then he's only converted in words and actions for time being. Let something unexpected arise and in one minute he's practicing his native kahunaism with all the fervor of his ancestors. It takes \$10,000 to convert one foreigner and it costs more thousands to get that \$10,000 over there. How far and how much good those thousands of dollars would do at home. Paradox is still true, Christ preached at home and Christians go away from home.

Christianity preaches against rum and liquor and against taking of human life; yet wherever missionary has gone there has also gone whisky, bullets and venereal diseases. We are speaking now of earlier missionaries. What about China, Japan, Hawaiian Islands, Cuba, India, etc.?

PARADOX OF COMMANDMENTS.

The Ten Commandments are presumed to encompass the Golden Rule; they are so broad and long that the latitude and longitude cover every human endeavor. Yet, they have failed. They are ten in number, nine are negative and only one remains positive. "Thou Shalt NOT—" do this or that. Tell a boy he must NOT and he WILL. Tell humanity they shall NOT and they will violate an oath to do it. Commandments were written to prevent doing the thing they fasten upon you. The paradox! Who ever wrote the Commandments did not know psychology or he would have written them in positive and then they would have accomplished, at least, more than they do. "KEEP SMILING" suggests a smile; it suggests KEEP smiling. Some wag, thinking to improve upon our phraseology, invented "DON'T WORRY".

The negativeness of the "DON'T" makes you want to do it. "It" is WORRY, the word suggests the thing they wanted to take you from.

PARADOX OF CHRIST'S HEALING.

Christ went about healing sick by laying on of hands, and this was a part of religion of Christianity. There are only three religious denominations today which believe this and follow it, and those are, Mormon church, Christian Science and Emmanuel Movement. In former it is basic principle, in latter it is a side-branch of the organization and came as a subsequent thot. All churches have same bible, but there are physicians in their congregations, too many with their fingers on pulse of church. Even minister who says — I believe in Christ and principles that Christ advocated — thereby says he believes in healing of sick by laying on of hands — when he gets sick, calls a physician and takes drugs or submits to surgery. The paradox is upon him.

Altho admittedly a part of Christian faith as laid down by Christ, Christian Science becomes a target for ridicule, sarcasm and irony from every Christian denomination preacher who was taught to be kind and considerate of others' opinions and force his idea upon none.

Be a Christian, heal by laying on of hands and heathen is upon you. Who is the "heathen"? The person who professes to be a Christian. Who is a "Christian"? Man who attends church. Who attends church? Man who believes in Christ's healing by laying on of hands and its enemies are drugs and operations. Who believes in drugs and operations? Christian who does not believe in laying on of hands. Some paradoxes.

PARADOX OF GOD-LIKE HUMAN-BUTCHER.

Physician goes to church, prays with a vim and fervor to the great immortal, omnipotent and all-wise God who made earth and knew how to make man and woman. He goes to hospital in afternoon and removes an appendix from one patient, an ovary from another, and tonsils from a child, and thereby says in actions (which speak louder than words) — "God, You don't know how to make a man, woman or child. If You would come down from

Your pedestal on high, sit in our surgical pit for a few days, learn anatomy for four years from our anatomists, meet our preliminary educational qualifications, put in so many academic hours on certain subjects, qualify for a degree from a recognized college, pass our State Medical Board of Examiners, secure a license — You would find what organs are 'useless', thereby making Yourself proficient to properly make human beings from now on."

Chiropractor removes nothing, takes nothing away, gives nothing to body. We say, frankly, in broad religious sense — "God knows what He is doing, knows how to make human beings, and what organs they should have, knows what children need, and it does not behoove us to dictate to Him. We take children as God made them, adjust God at ease with them, then they are happy and healthy." Who is infidel, agnostic, atheist — that man who denies God knowledge of how to make people, or that man who says by actions, "God, You DO KNOW how to make the human family without suggestions from us?" It is the paradox that makes thinkers laugh.

PARADOX OF RELIGIOUS-SCIENTIST.

Who does not believe in God? Man who lives in concrete, scientist, who believes nothing he cannot prove. Who does believe in God? That man who lives abstract or lives with abstract and concrete united. Paradox is that scientists are not only modern Doubting Thomas's, they are "sificentific" deniers.

Who is the man who lives in abstract, believes in God, but lives in concrete and denies God? That man who believes in the God of yester-year for people of those days but does not believe in the God of today for people of now. In what way does this produce a paradox? He believes in Christ's God of Christ's time, in healing by laying on of hands of then but does not believe in Christ's God of our time, because he scoffs at Christian Science, Emmanuel Movement and any doctrine which "smacks" of dogma, creed or sect which places it out of realm of SCIENCE as above defined.

There is a distinction between church-believer in Christ and Christian-believer in God. Paradox shows there is a wide range between churchianity and Christianity.

PARADOX OF GOD AND WAR.

Germany says war is for purpose of protecting her commercial interests. Paradox is that nothing more damaging to commercial interests could happen than war.

Christianity teaches us to love thy brother as thyself. More murders are committed in name of God than for any and all causes combined. Religion makes fanatics who would commit wholesale murder for God's sake, be their God who he may. Each Ruler prays to the same and one God, then notifies soldiers that "God is on our side," when paradox would show that God gives life and is with no person who deliberately and unnaturally takes it, via wanton murder, be it the unit or wholesale; for State, nation or king.

MEDICAL PARADOXES.

PARADOX OF PERVERSITY.

Medical man says drugs cure. A paradox. Less drugs you take the better off you are. Same drugs given to sick to get them well would make well man sick. It is always sick who take drugs to get well; those who are well don't need them, showing that drugs don't make or give health because when you are well you get sick without drugs and when you are well you keep well without them. Medical man says, "We remove your appendix, you will be better off without it. It is one of the useless organs." Paradox. Let appendix alone and you will be better off physically and financially. Only one who is "better off" by removal of appendix is surgeon. Statistics prove that 78 per cent of deaths that occur from appendicitis are of acute stage where operations occur. 22 per cent only die of chronic appendicitis; and, who could die of chronic appendicitis if his appendix were removed in acute stage? Surgeon says, "You must have an immediate operation or you cannot live." Paradox. It is surgeon who must have immediate operation in order to live; if you don't have operation immediately you will live without operation. When your malady becomes chronic, and you live, he loses and you gain. Sicker you are more physicians you have. More physicians you have, sicker you are. Sickness and physicians go together same as do health and no doctors, no doctors and health.

PARADOX OF TRAVELER.

We had it brought home yesterday, by case of one of our wealthiest men. He took sick, tried local doctors, went to specialists in Chicago, then to Mayos, to Europe and while in Berlin to another great specialist. This doctor said — "I know not where you come from, except America, but the man you need is Palmer, at Davenport, Iowa, U. S. A." Man arrived yesterday, he came to see me. Paradox. He went from home in search of health, while health was at home. We used to go to school together.

PARADOXES OF INVERSION.

When our hands are frozen, we thaw them with snow or ice water, colder the better. In olden times feverish cases were given hot water to drink. A feverish case once went to well and drank freely of COLD water and got well. How could he remain sick? Wasn't the water, *well* water? Physician learned something. Since then they are given cold water and ice packs. Where did physician learn it? At school where he went for that purpose? Or, at bedside where he was supposed to do and cure? Who suggested cure? The one cured. Who learned the cure? The one who was supposed to give it. Thus is it always. Patient teaches doctor. Doctor gets pay for taking from patient that which he is supposed to give him. He profits most who profited least; he who profited least profits most.

PARADOX OF MEDICINE.

"Medicines cure," says physician. Medicines hinder cure. Your body is sick, it already has poisons to contend with. Give it drugs (and drugs are only of value as they are poisonous and cause reaction) and body now has two poisons to counteract, instead of one. Poisons, made to kill, act quickly. Poisons of physicians kill just as surely, but slowly. One is deliberate murder, other is "dying by the best medical aid." Give sick man, in one dose, what he gets in 100 doses and it would be murder, for which state would murder man who murdered the man. Give sick man, in 100 doses, what would kill him in one dose, and it is chemical intelligence. In one intent is to murder; in the other intent is to try and prolong life. Mere fact that physician fails to act his intent is a minor matter for we do not measure intents

by accomplishments with physicians. They live in a paradoxical immunization. Nature only cures. There is no "Nature" in Pills, powders and potions; they are punk.

PARADOX OF HOW.

Cure is not brought about by inhibition or stimulation. Every drug or treatment of any or all kinds that come from outside to inside have that end in view. They CAN'T cure. When therapeutical practitioners learn the paradox, viz., they must cease outside stimulation and inhibition and let inside restoration occur, then and not until CAN their cases get well. This is in line with all religion, Christian Science, Emmanuel Movement, logic, facts, truth and Chiropractic.

PARADOX OF HYGIENE.

We read about immaculate operation rooms done up in tile and white paint, nurses in white carbolized clothes and hands; operators with gauze and uniforms; instruments boiled and par-boiled. We read about hospitals with purified air and sterilized water, pasteurized milk, and thus goes the tale. We are importuned about foods, bodies and clothes; warned against infection and contagion. But, paradoxically, healthy children, robust and sturdy rascals are those who roam streets with clothes of filth and possibly live on garbage of swill-barrel, empty box-car, etc. We know one sounds, looks and feels nice but other produces big men of future and only ask you review past great men to get proof. Cleanliness of body is like cleanliness of soul, it must come from within. Ivory soap and Gold Dust Twins can't scrub out dirt of body and neither can some one man jerk out dirt of soul by jumping on a platform or gaining great newspaper space.

PARADOX OF SUCCESS.

Success consists of things which succeed. Success is original with Innate and must flow from inside out. Many think success is a question of surface finish. Any health principle which is of greatest value to most sick people at least cost to them — that only is a great device. Its greatness lies in its usefulness. That man is best educated who is most useful.

PARADOX OF FAILURE.

Medicine is a complexed educational failure process. It is all surface. It deals with materialities. Physician calls it "SCIENCE of medicine." Medicine consists of such subjects, handled in such manner as to come within purview of SCIENCE. Science consists of things THAT CAN BE PROVEN. It is materialistic. Comparative to electricity and electrical terms, it would consist of motors, wires, dynamos, glass, copper, rubber and other material ingredients. There are no such subtle conditions as watts, kilowatt, E. M. F., resistance, current, leakage, ohms, etc., because those are immaterial terms applicable to conditions immaterial. Foolish would be that man who called himself an electrician who scorned "electricity" when dealing with subject merely because it wasn't "scientific" and wasn't material. Medical education is a veneer and believes in front. It puts on or gives from outside to change something existing inside. It is a failure outside trying to improve upon success inside. Because of this position it has failed to get the sick well.

Chiropractic is the paradox. It is a simplified classified success idea. Surface, according to Chiropractic, must change as flow from inside determines necessary quantity and quality. As this flow from inside outside is that of an immateriality, it makes for an internal substance. Because of this right-about-face policy it has succeeded where all else has failed. Medicine is EDUCATION. Chiropractic is paradoxical KNOWLEDGE.

PARADOX OF ASSISTANCE.

Tree roots have split great rocks. Water falls into a crack in a rock, it freezes and splits asunder the boulder. Roots of trees grow under cement sidewalks and crack sidewalks. Constant dropping of water will wear holes in granite. Nature, in her tremendous power and with marvelous speed upset San Francisco one day, threw buildings to ground and made earth tremble for hundreds of miles. Nature makes islands near Alaska disappear over night, and some place else another comes up over night. How wonderful is the tremendous power of Nature. We have stood over that 17 acre patch of molten lava at the Volcano of Kilauea in Hawaiian Islands. We have watched Halemaumau for hours; seen its lakes, mountains and islands; its waves of lava

beat against its shores. We have observed its fountains gush hundreds of feet high — and all this was a manifestation of the force of Nature. Then we look in our Davenport paper and see an advertisement — “Take Carter’s Little Liver Pills TO ASSIST NATURE.” Paradox is true. When it comes to medical science, the body needs Pink Pills for Pale People to move bowels. Nature does not need assistance of Carter’s Little Liver Pills. The King is Dead, Long Live the King.

PARADOX OF CONSCIOUSNESS.

We speak of our sub-conscious mind, our sub-liminal self. Sub means cellar, below, inferior, subservient. Yet that which is sub-conscious is SUPER-conscious. That which you disregard as being sub-conscious, which you snap your fingers at, is the real you. It is your very existence. That which is most is called least. That which is least is called most. You are born with two intellectual possibilities. One is complete at birth, as much so as it will ever be. This is Innate Intelligence and remains such thru your existence. Innate Intelligence knows; and, knowing, sends from inside outward that which you internally need to live. It is this factor you call SUB-CONSCIOUS. At birth you begin to save, horde and remember impressions that come from outside. It is this mind that is born a blank, that you develop, knowing more at death than at birth. It is this you call CONSCIOUS mind. We think of process that goes on in womb of woman. In 280 days a child, either girl or boy, will be completely, normally, perfectly, beautifully formed. It comes forth into world with a happy smile, to bless our lives. That child was made by a SUPERconscious being, NOT a SUBconscious. The Paradox. Mind that is born a blank, that imitates everything it does, couldn’t make one tissue cell, calls Thon who builds an entire body the insignificant factor. Insignificant fellow IS significant. Significant fellow is insignificant. Paradox is true.

LEGAL PARADOXES.

PARADOX OF LAW.

Lawyer is said to practice “law.” There is but one “law” in this universe, viz., Law of God. All that which man makes and mistakes “law” is statutes, selfish devices of man intended for man.

He who is called a "lawyer" should be an attorney; that which he practices is statutes, not law. What he does is as far removed from practicing law, as what God does is as distantly removed from being practice of statutes. Its but a quibble on terms but so long as education hinges on them, they should be properly interpreted and applicably applied.

PARADOX OF LAW-BREAKER.

They call you and me law-breakers. We accept the honor. Lawyer is a law-breaker. He is a worse law-breaker than you or we. We break a statute by reason of circumstances over which we have no control. He is a law-breaker because somebody pays him to break a "law". He does it for money. Every attorney who directs a case is on one side to sustain, or other to break the "law." Here is paradox. We send lawyer to legislature to make a "law," and when he comes back we pay him individually to break the "law" we paid him by public taxation to make. Lawyer is a paradox. Difference is, you and we break a legal "law" illegally. Lawyer breaks a legal "law" legally. He is honored and we are dishonored. We serve time in jail, he is banquetted. When you and we break a "law," we pay the public money. When he breaks a "law," public pays him. He has been taught for years how to break "law" with finesse — you and we break it stubbornly. He makes "laws" purposely to break them. No "laws" could be made unless older ones were broken. If no new "laws" were made, lawyer would go broke. If he were broke there would be no lawyers to make "laws" to break. He gets us coming and going, meanwhile builds the thing to tear it down, getting paid both ways. He makes to break; we break to make. He makes faster than we break. He has us arrested to make, or break, according to which side is paying him. If no "laws" could be broken, there'd be no lawyers.

PARADOX OF THAT WHICH IS, ISN'T.

Medicine is medicine. Chiropractic is Chiropractic. Practice of medicine is one thing and practice of Chiropractic another. It is conceded that principles and art of medicine are not taught in Chiropractic schools; and that principles and art of Chiropractic

are not taught in medical schools. Neither does or practices other. Textbooks of one differ as much from other as night from day. As religion is exclusively a philosophy, having no science or art, so medicine is exclusively a science, possibly an art, but it has no philosophy. Sciences keep as far removed from sects, dogmas and creeds as possible. Chiropractic admittedly has a philosophy, science and art.

Medicine is not Chiropractic. Chiropractic is not medicine. One scoffs at other and other refuses to believe in one. Each regards disease and dis-ease as different things, having different causes, produced by different routes and method of curing disease of one and adjusting of cause in other oppose each other. Physician regards disease as an entity. Chiropractor regards dis-ease as a condition of not-at-ease.

Medicine is "science" according to a former paradox. Chiropractic is a philosophy, science and art. From study, one is as near to being other as success is to failure. Yet, paradox is true. Let a lawyer enter subject, go to legislature, draw up a statute and word a defining clause broadly, and he can make that which isn't is; and that which is isn't. If he legally draws a statute which says a cat is a dog, then so it is; even tho as a FACT everybody knows a cat is NOT a dog.

PARADOX OF FEE.

A physician refuses to adjust subluxation as cause of (condition) dis-ease. Chiropractor refuses to give drugs to cure (entity) disease. Yet medical practice act says: — "Any one who does anything, in any manner, shape or form, FOR A FEE is practicing medicine." Chiropractor, or any layman, can prescribe drugs, medicines and use knife and if he does not charge a fee, is NOT guilty of violating any medical statute. But, even tho he practices that which is in fact NOT practice of medicine and CHARGES A FEE, then he is doing that which isn't. Lawyer makes Friday-pork fish on Friday.

When is Chiropractic not practice of medicine? When NO fee is charged. When is Chiropractic practice of medicine? When a fee IS charged.

MEDICO-LEGAL PARADOX.

Practice of medicine is supposed to be for purpose of curing sick. Purpose of statutes to regulate practice of medicine is supposed to be in interests of safeguarding people against incompetent practitioners of medicine. Above series of paradoxes proves that it is solely for purpose of protecting certain dollars from being side-tracked from pockets where some think they belong, to pockets of those who want them. Dollars belong to sick man; the doctor forces him to spend them as he (the doctor) wants him to. Sick man may be a successful business man or farmer, use excellent judgment in building a business, in buying and selling goods; or be a large property owner and tax-payer and use excellent judgment in buying and selling of horses, cows and hogs; they all may use keen discrimination in selection of their wives; but, when sick, all this is for naught. They can't tell a good doctor from a bad one. Doctors must do this for him. It is a *More Disease, for More Dopes, for More Dollars, for More Doctors* trust. Practice of medicine and laws that regulate it are a paradox on WEALTH that accumulates from it, NOT HEALTH that should accrue from it to people. It is an attempt to make legal the act of buzzard to feast upon carcass of whom it will, even to creating carrion upon which it feeds.

CHIROPRACTIC PARADOXES.
PARADOX OF A "SCHOOL."

The P.S.C. is a *school* of Chiropractic. It is largest institution teaching Chiropractic. We have in mind a "college" which sells diplomas, also an International University of Chiropractic. Occasionally it has a student. It has an office, a spine and a book. Largest institution, paradoxically, has smallest name. Smallest institution, paradoxically, has largest name. Little fellow wants to appear big, and big wants to be small.

PARADOX OF IGNORANT.

That man who has been thru college, looks upon him who hasn't as "ignorant". He who is self-made and has accomplished things looks upon him who has been thru college and accomplished nothing as "ignorant". Who is ignorant? If deeds, not

words, count then one is educated and 'tother is not. If being of service is being best educated, then book-lore counts for naught and accomplishments are everything.

PARADOX OF EDUCATED.

We educate man ostensibly to make him useful. We cram him full of education to make him apparently useful. Paradox is true. More we educate, more useless he becomes. Hot-housing the human artificially forces that which should come naturally slower. More he educates *himself*, more useful he is. A man does not need go to school to educate himself, it is everywhere surrounding him if he will get it. Environment is full of facts. Big men at tops of ladders are self taught. Going to school doesn't hurt, but usually it makes the average man bad. Responsibility is gained by self-reliance. Responsibility is gained by individually assuming the thing. Modern education is a cramming, in transference, from books to brains, with insipid absorption.

A person educated in a beanery is as important as one educated in a brainery. Output from brainery, as a rule, gives no less attention to their food tanks by reason of having had their thought mills adjusted by expert cerebrum manipulators. On other hand, graduate from beanery, quite often develops into a logician but seldom reaches depth where he lives exclusively from other's toil. This is largely true of all graduates from schools of useful service.

It is not hard to find cobbler who knows more about human soul than his father confessor knows about sole of the shoe, yet the father exacts from the cobbler more for services than he is willing to pay cobbler.

So it is in many avocations. Person trained in domestic economy knows more of political economy than dictators of national policies know of domestic affairs as pertain to average family. Who gets best pay?

Man who builds an automobile is apt to know more in regard to actual needs of man who buys it and hires it run at so much per week, than needs of builder, yet buyer goes to congress and builder goes to work.

We once knew a lawyer who could talk eloquently, earnestly and intelligently about three divisions of space and almost make you believe that there was a fourth division, yet he could not tie his shoe strings in a bow knot; his ten-year-old daughter tied them for him; she knew more in regard to application than he did. Later he was elected public prosecutor and the daughter recently lost her job as tutor in public school because she got married to a carpenter instead of to some one who could not drive a nail but had influence with those who control destiny.

To hear Doc I. Killem tell it, he knew all there was to know about *materia medica*. He knew so much that he absolutely refused to counsel with any M.D. outside of his particular school. We heard him say once that homeopaths didn't know enough to give a raw egg to a poisoned pup, yet people elected him to state senate in order that he might formulate rules for medical jurisprudence. You and we knew mothers who were more successful in healing sick than Moorman was.

All of this and much more prove that knights of pick or shovel, trowel or saw, printer's stick or ruler, gaff hook or marlin spike, beanery or bakery, plow or hoe, throttle or brake are better fitted to rule themselves than others to rule them.

We educate from little to much. Leaving school he must learn to forget, to know. World whips him from pillar to post until he has learned much that he doesn't know must be boiled to little he should know. Why know 1000 things that are not so and can't work? Why not know 10 things that are so and work?

PARADOX OF INCOMPETENCY.

Physician of today is a man of stupendous accomplishments 99 and 99-100ths of which are not so. He can breed bugs, transfer skin, remove organs galore, cut off legs and grow them on other animals, chemicalize until you are dizzy, look thru microscopes and see things that don't exist, theorize for years about public health, quarantine infantile paralysis, build institutions to care for insane and criminals, hospitals for sick and infirm, invent schemes to work muscles of paralyzed infantile children by thousands — all of which is nil because they don't prevent any of them from getting where they are. Anybody can tell thousands of ways of removing ashes after a fire — what world cries out for is one

man who can tell ONE successful way of preventing fire. Physician is an educated fool. Individually, he knows thousands of things that are not so; collectively their profession knows hundreds of thousands of things that are not so. Reason is obvious. When any man tries to explain electrical problems upon a material basis, ignoring electrical abstract conditions, he must invent explanations that don't explain; guesswork and experimentation follow until dooms-day. He is trying to make $\frac{1}{2}$ the 1. As well make hot without cold, height without depth, good without bad, motors without electricity as "scientific" human bodies without "unscientific" life. Man who works with life, says it has none.

ANYBODY can learn to do a STUNT! Lots of people can learn to do lots of STUNTS! But what's the use? A STUNT'S a STUNT. It's no key to a person's real capacity.

You don't have to be a skilled handicraftsman to roll a cigarette with one hand and light a match with your thumb nail. That's a STUNT.

Vaudeville musician may not know one note from another but he plays everything from Swiss bells to 'cello. That's a STUNT.

Hindu magician eats in dairy lunch but he can bring forth a ten-course dinner from a plug hat. That's a STUNT.

STUNTS are entertaining, but who hires a STUNTSTER to do practical work. You can't estimate inherent ability in light of STUNTS that folks do.

Ordinary, everyday, successful performance in ordinary, everyday walks of life is only indication of capacity and ability.

You can lead a physician to bed-side, same as tomb-stone men are led to a newly-made grave. He can do medical STUNTS 'till cows some home—unusual things that tax one's imagination. Those are STUNTS.

A surgeon can graft skin from your arm to your nose, transfer blood from one body to another, remove a leg from a male dog on-to a female dog, inject monkeys with cow's serum and breed bugs of endless character. Those are STUNTS.

But that doesn't tell anything.

They don't serve to let you know what YOU should expect when sick and paying bills.

They're STUNTS — interesting to listen to, diverting to witness, fill newspaper space with and build reputations upon, but of no earthly use to folks like you and me, when we get sick.

For it's the commonplace, yours-and-mine, every-day experiences that classify it for us.

We have relied on its every-day performance from thousands of practitioners upon millions of people, to prove its ability and establish its utility.

P.S.C. Chiropractors were not trained to waste time to do STUNTS.

They have been instructed to give SERVICE to sick — GET THEM WELL, the quicker the sooner.

And that they have served purpose for which they were intended is amply affirmed by those who have gone to them.

When THRU having STUNTS performed ON YOU, call on a Chiropractor AND GET WELL.

It's the consistent performer on whom the world has come to rely.

It's consistent performance we look to in judging quality, value and intrinsic merit.

STUNTS aren't the sort of things that give a clue to innate capacity and native efficiency of Chiropractor in every-day service.

It's obvious things we do on EVERY case — when no one is looking — that establish us, not things we do when we're on "ethical" parade.

Perhaps that's reason for unprecedented success which Chiropractors have met in adjusting vertebral subluxation in such as you and me, for this and that.

We have never undertaken to do STUNTS with Chiropractic.

Chiropractor is paradox. He knows little, knows he knows little, therefore he is wise. He cannot do all or any of things enumerated above. He knows that $\frac{1}{2}$ and $\frac{1}{2}$ make 1, that immateriality and materiality must be together, in balance, or we're dead. His simple premise is correct and complete. He knows subluxation, how to adjust it and thus corrects cause of all dis-ease.

A ham never weighs so much as when it's half cured. When it has soaked in all the pickle that it can, it has to sweat out most of it in smoke house before it is any real good. And when you've soaked up all information you can hold, you will have to forget half of it before you will be of any real use.

PARADOX OF BACKBONE.

Nobody knows how old the world is or how long man has been here. Modern recorded civilization is of but a few thousand years. Modern history repeats itself. Medical history is at least 5,000 years of accumulative experimentation. In theory of medicine, everything from air to bottom of ocean; from North, South, East and West, of every land has been tried for cure of dis-ease — all have failed. In study of human body they have searched heaven and earth for things with which to divide anatomy to better know it. They have studied all things dead. Of all this research, books are full. That which has been totally ignored, even to text-books, has been life and back-bone of man. Paradoxically, they have been left until 1895 gave them to world. Nobody knew woman was on earth until Remington let her use typewriters. Most important part of man came last; the least important came first.

PARADOX OF DIS-EASE.

Watch for paradox. Too little education is a dangerous thing. It makes you afraid of nothing. Too much education is also dangerous. It makes you afraid of everything. The paradox. We know not enough, we know too little. We should establish a happy medium between not knowing anything and knowing everything. Our education should consist of as many things that are so, that will work, that we understand, comprehend, utilize and not one bit more. Medical education is stupendous, notwithstanding it consists of hundreds of thousands of things that are not so, won't or can't be made to succeed and neither does he understand them therefore he can't utilize them in getting sick well. Therefore we are harmless only because we are safe. Physician is at all times dangerous because he possesses legal power to use things he doesn't, can't or won't comprehend.

PARADOX OF HERNIA.

We are reminded of experience of Dr. Fortin. He knew so many things when he came here, that he was an educated fool. He sat in our pit day after day telling wondrous stories of things we didn't know, yet we were teacher, he was pupil. We became tired of this irrelevant prattle. We wanted him to listen and he knew enough to know when it was time. One day he awakened with a start. There was a farmer boy, next to him, in clinic, adjusting for a hernia. He knew that boy was going to kill that man. Dr. Fortin knew all anatomical, physiological, pathological, microscopic, chemical, etc., dangers that patient was running by laying himself over that divided table and letting that ignorant farmer boy pound his back. Dr. Fortin's medical and osteopathic teaching was uppermost; and, instead of adjusting his hernia patient Chiropractically, he slipped tables together and tapped fellow mildly on back. But, patient under care of ignorant farmer boy WAS GETTING WELL, and Dr. Fortin's wasn't. Finally, light dawned. He opened his mental windows, let all old wrong notions fly out, and then he was "ignorant" as was farmer boy. Today Dr. Fortin knows nothing, he knows he knows nothing, therefore he is wise. Today he is a successful, thoro, practicing Chiropractor. The paradox.

PARADOX OF PATHOLOGY.

Less you know about disease (entity) or dis-ease (condition), more help you can be to patient. More you know about pathology, less you help, and paradox is upon you. Physician wouldn't give a genuine adjustment for hernia. He knew so much ABOUT THE DISEASE that he feared consequence. Chiropractor knew only how to give adjustment. He knew caution only.

PARADOX OF PURSUED.

Supposedly Chiropractors want to live for Chiropractic and prefer to see Chiropractic live than die, because it is from its propagation they make their living. Chiropractic should live, so Chiropractors could make their living from it. Chiropractors make no distinction between themselves and that which makes them; between "tic" and "tor". If it became necessary they would kill "tic" so "tor" could live, little realizing that when "tic" is no

more, neither is "tor". Chiropractors build organizations with which they want a license from state. They want license, to quit fighting, to live. The paradox. They get license, they quit fighting. Life they think they've got is death nick-named. In funeral procession peace-hearse with corpse always precedes living mourners on their way to cemetery.

PARADOX OF GROWTH.

Growth, paradoxically, never occurs from peace but from struggle for existence. There is no law but that of God, Mother Nature and Father Time. We are told that once upon a time this earth was covered with water, that it contained no living objects but fish. Later, water receded and left land devoid of living things. Big fish chased little fish close to shore; to get away, they scrambled out on shore. Eventually amphibian, half fish and half animal. He was an alligator with fish's tail, fish's scaly eyes but he had short legs low and close to ground. Then came struggle of little amphibians, of one kind and another, to get away from large ones pursuing him. He ran farther away from water and in running legs grew longer and raised his body higher from ground. Eventually horse and such as his kind appeared. Then came struggle of one long legged animal to get away from stronger of his kind. Eventually four legged animal that was being pursued had to climb trees and then came such as squirrel. All this as a result of pursued to get away from pursuer. But, when that time appeared when one four legged animal could climb tree after another animal of similar kind, then came flying squirrel that contained webbed skin between legs and body. Flying squirrels could and did chase each other from tree to tree, run down trees and over ground to another tree and thus stronger pursued weaker. Out of this combination of pursuit eventually came bird that lives in trees entirely and rarely touches ground except to get food. Thus struggle has ever gone on between fishes, amphibians, animals, squirrels, flying animals, birds, etc.

PARADOX OF PROGRESS.

Progress has always come from pursued, never pursuer. Submarine is an attempt of surface boat to elude pursuer. Air-ship is an imitation of nature's way of eluding those who chase on

land. It is friction occasioned by razor rubbing against a whetstone harder than itself that puts keen edge.

Paradoxically, Chiropractic has made most wonderful growth of any medical or non-medical subject in history — with one exception. In strength of thot, numbers, growth, territory, finance, school enrollment, there is but one equal. This was not brot about entirely because of inherent merit in its premise for many other good ideas have come and gone which possessed as good or better. It was not because of Innate quality of personnel of its adherents. History is replete with examples of growth under adverse circumstances, but we do not know another which has had as many, or as bad, or as personal, as vituperative, as multitudinous as Chiropractic. Primarily, idea had merit. That merit awoke jealousy in all systems it displaced with business. This drew forth fire worthy of our best. This caused us to build better than we knew. Opposition drew attention to our greater merit and we grew IN SPITE OF our efforts more than BECAUSE OF them. Being pursued, we schemed, studied, figured, calculated closely, devised ways and means of eluāing our pursuer. That we succeeded in refusing to be caught was due to fault of pursuer, not success of pursued.

When Chiropractor wants a license to prevent being chased, he defeats his end of continuing to grow. Progress consists in the continuance of that struggle, not in devising ways and means of preventing it.

PARADOX OF MORE BUSINESS.

Average Chiropractor, leaving school upon graduation, thinks most business is where there are no Chiropractors. On reverse most business is found where people know most about Chiropractic and, paradoxically, that is where most Chiropractors are. But, says the local man who is in business, "I don't want more Chiropractors to come where I am. The field is crowded." Paradox proves true. If he would help to get more people to go to Chiropractic schools thus bring back more Chiropractors to his town, county or state, it would help him directly and be an aid to his business; for, with more Chiropractors more people are educated to Chiropractic, thus more Chiropractic business for all.

PARADOX OF LESS FRICTION.

When average Chiropractor leaves school he prefers a locality where he will be distantly removed from friction, where pursuer will not bother him. According to paradoxes this is a mistake. His reason for going to such a district is to be removed from trouble. That being true, paradoxically, place to get away from trouble is to go where it is. New district has yet to have its legal fights. Old locality that has had its fights is now being let alone, if it hasn't reached that stage. Less trouble is to be had where most trouble has been.

PARADOX OF ORIGINALITY.

Chiropractic is new; it is an addition to former knowledge held of the body. Paradox is true. Chiropractic is not new, neither does it add anything to what was formerly known.

Innate Intelligence had to know all that we think we know or Thon could not have built human bodies as she did, for purpose that they have been daily used for millions of years. All the Chiropractic hypothesis brings to humanity, today, is but a new, therefore different, interpretation of human body that had not been assembled in that form previous to our advent.

"There is nothing new under the sun," is an old adage yet true. Chiropractor holds no conception of human body that is contrary to common-sense or that was not previously known by any reasonable, logical thinker — or physician himself — excepting that what he knew was but a piece-meal of what we have collaborated and assembled thus making it a new arrangement of education.

Assume that Chiropractic consists of 100 ideas assembled and that this assembly makes for a new philosophy, science and art of which the world was not aware before. Assume further that one hundred physicians knew all this except that each physician knew but one idea each of this assembled product — thus he knows collectively all that we know as units, except that we have assembled that which he didn't or couldn't. He built his practice upon one idea; we built ours upon 100 ideas. If 100 physicians, with their individual one idea, had ever assembled themselves and each gave his one idea to other 99, then each would have known 100 ideas that we know and Chiropractic would have been his and not ours.

Everybody knows that to cut a man's head off means to kill balance of body because brain is source and seat of brain and body's life. Nothing new in that! Everybody knows that spinal cord, if cut, at any one particular place would produce a paralysis of all parts below place cut, because spinal cord is great carrier of life currents from brain to body below. Nothing new about that!

Everybody knows that to cut a spinal nerve, as it leaves spinal cord on its way to some part of body, is equal to a death of those tissues supplied with nerve currents by and thru that nerve. Nothing new in that!

Every physician knows that brain is composed of sections and each section manufactures power for some particular part of body. Vivisection has definitely located these brain centers; to stimulate a brain center is to stimulate some organ in some part of body; to inhibit some brain-center is to produce like effect in that part of body to which those nerves radiate, via spinal cord and spinal nerves. Nothing new about that!

Likewise does every doctor know that that connection between brain and muscle is a nerve, that that which goes from brain to muscle which can be stimulated or inhibited is a subtle unknown force most ably likened to electricity, which is not material and cannot be seen with a microscope or tested by physics; that it is only best likened to tests of mind or physics. Nothing new about that!

Every physician knows that to let a man fall off a building, fracture vertebra, let a bone produce pressure upon spinal cord and thus disconnect flow of nerve-force is equal to total paralysis below point of pressure. He also knows that any fracture which would produce pressure upon any spinal nerve at or near its exit from spinal cord is equal to paralysis of tissues to which those nerves go. Nothing new in those premises!

Every surgeon also knows that kinks, strains and sprains of back do occur and that orthopedy aims to put traction or tension upon back-bone to release these pressures. Same surgeon also knows that he tries, by surgery, to reset these segments to release pressure that nerve-forces can get thru to restore function. Nothing new in this!

Yet, when Chiropractor assembles these ideas, advocates vertebral subluxation with its spinal-cord or spinal-nerve pressures in spinal foramina or intervertebral foramina and that method of reduction of these is by bloodless methods and establishes a broad and universal restoration of health theory upon same — they raise cry "impossible" notwithstanding what it is based upon.

Public and scientist knew these to be true but he didn't know that he knew them until we changed face of them, placed them in logical sequence and told him about them. Then he withdraws into his dogmatic shell or admits truth. Usually paradox is true. He denies that which he affirms and he affirms that which he denies.

There's a reason why he admits each of these premises, in unit, yet denies them in assembly. When separated and one by one they are called to his attention, he sees where they can be made to fit into some part of his medical assembly, therefore he admits their correctness. When, tho, our assembly is brot contrasted to his attention he sees where Chiropractic assembly denies practically every one of his individual parts of medical assembly.

PARADOX OF LADDER.

Every ladder has a bottom and a top. Man at bottom believes progress comes from men who are educated. Man at bottom wants to be man at top. As he views man at top, from his viewpoint at bottom, he thinks only difference between them is a four years' college education. To be educated consists, as he views it, of long training sitting at a desk in school, academy, college and university. Man at top of every ladder takes paradoxical view of same question. He has reached top because he is self-made, usually having little book work in schools. He believes in education only to that extent that it is practical and useful. He maintains that most teaching in our educational institutions is theoretical and not of value in business; it might be good so far as manufacturing pedants is concerned; education might make good for more education; but in business it is too much theory. When it comes to employment of men, he believes in advancing that man who enters his factory or office as office boy. He aims to have a stepping up process, in direct ratio as man makes himself proficient.

Majority of people, and these are those at bottom of ladder — and again an instance of where minority rule — believe that spending four years between walls of colleges pouring over musty books and dusty laboratories listening to spell-binders makes for knowledge — it doesn't; it makes for educated fools. Minority of people at top of ladder — and again an instance of where majority do not rule — make a broad distinction between college educated fool and factory bred man of knowledge. It is possible — altho rare — that college trains a practical man. Where colleges improve one, they spoil 99. He can be practical in spite of education but he possesses knowledge because of office work.

PARADOX OF BRAINS.

Hundreds of positions that pay from \$2,000 up to \$100,000 annually are hunting for quality of brains necessary to be worth salary to business demanding them. Thousands of men of brawn want salary of man of brains but they either can't, don't or won't introduce brains necessary. Man after man is tried and side-tracked to try another man to eventually be disappointed in getting executive who can rise above mob of muscle workers. Man at top, looks down on man below, telling him there is lots of room above; opportunity was never greater than now. Yet man below continues to use brawn and then wonders how man above is drawing down his salary.

PARADOX OF PREJUDICE.

You believe that all progress in history comes from "educated" men. Paradox is true. All progress comes from "ignorant" men.

(These terms should be defined that our construction will not be misconstrued. College bred man considers as "ignorant" everybody who has not had college disadvantages and environment. It matters little, whether this man he considers ignorant is a very accomplished and useful man, or not. He will acknowledge he is useful in spite of his ignorance and not because of it, usually adding, "who knows what this same man could have done had he been educated as I am." It is only necessary to ask him what he has done; much as an old man once chided a young fop for standing on street corner smoking cigarettes. Said the old man: — "My son if you would save your body and brain by not

smoking cigarettes, some day you might own this magnificent building." Said the young fellow: — "Do you own it?" Reply was "No." Young fellow then replied: "I do.")

Wright, Marconi, Tesla, Edison, Burbank, Napoleon, — etc., go on down through names in philosophies, sciences and arts. They were common, lowly men, greatest example of which was Christ himself. D. D. Palmer was a man who had no education along our particular line. Look what he started, what has been outcome. Whatever these men have done for the world came thru their initiative, that which came from within outward. They had it in, all it needed was opportunity to bring it out. If opportunity did not exist, they made one. If barriers existed, they tore them down and waded thru debris. Too much schooling biases any person's opinions. If you don't think, other fellow thinks all the more. Book worm isn't worth snap of finger. Star graduates who go out from any school, we will buy five years from now at five cents on the dollar of what they now think they are worth. Quiet, plodding fellow, clod-hopper, we won't try to buy, because his future is an unknown quantity, it might be high. That man who reads books eventually believes in them; believing in them he follows them explicitly and thus repeats dead men's opinions and actions. This is an age of progress, beating other men to something new. None comes from books for no sooner does it enter book than it becomes dead. Poet of Sierras was once asked where his library was and his answer was: — "Books are for men who can't think. I have none. I write them." You can know so much from books that you haven't an original thot. You don't use YOUR brain.

There isn't one idea in medical annals, that has stood the test of 100 years and is still being used that was brot to front by a medical man. Circulation of blood by Harvey — and look what he suffered at hands of his brethren for daring to think. All ideas brot out by medical men are theories, here today, gone tomorrow. Germs, serums, toxins, etc., passing phantasms. Anatomy, of course, is another thing. We refer to theories of physiology, pathology, bacteriology, diet, etiology and methods of treatment. All those progressive steps which are practical and stand up under most critical acid tests for long periods have invariably come from laymen who never studied medicine yet used brains God gave them. This paradox is applicable to other industries and en-

deavors. Aeroplane did not come from men of transportation greatness — it came from bicycle menders. Electrical genius did not spring from electrical families or laboratories of colleges but from railroad station agent — Edison. Examples are endless.

Unquestionably most vital issue is Chiropractic which represents greatest step in health matters this or any other century has yet produced. Did it spring from a medically trained mind or one who had been in a medical family to whom it came by natural birth? D. D. Palmer was a fish peddler, grocery store keeper, a bee raiser, a farmer, a school teacher.

PARADOX OF DIFFICULTY.

In exact ratio as above paradox is true, so is it also a fact, proven hundreds of times, that hardest student to grasp and understand Chiropractic is regularly trained medical man. More medicine he has, the harder. Less college work, better for him in our work. His mind is filled with rubbish that he thinks as precious as gold. We must spend valuable time convincing him that all is not gold that glitters. When he realizes it is brass, brass has little value compared to gold, then and not before does he unload. When cobwebs have been removed, we are ready to fill garret with something substantial which he can use. Rather, by far, have an average farmer begin at bottom in our school and work up than to have his opposite in medical man. One comes with a clean slate, willing to learn facts without stubborn prejudice.

PARADOX OF MASTERY.

Each Chiropractor wants to be a success. Success is a combination of elements all of which come from within. Unless Chiropractor has mastered self, he could not master anything else, much less subluxation with adjustment. Successful method of adjusting must flow from within. If Chiropractor hasn't been a success working for others, he would not be a success working for self. If, tho, he has been a success as a laborer he would be as an employer. No one should give orders who can't take them.

By time Chiropractor has learned success, working for others, he has found that persiflage, verbiage and fol-de-rols did not do it. It was cold hard facts not frills and furbelows that counted.

That man can go to a Chiropractic school, see beauty of an object in its simple lines, appreciate mighty because it's right, and can grasp a big idea simply garbed. Chiropractic will appeal to his successful nature because its greatness lies in its simpleness. Neither will he attempt to complex it as soon as he becomes in sole possession of his diploma. He will be honest with patrons, believing in right being right.

That man who has been a failure as an employer who goes to a Chiropractic school to learn a graft, an easy meal ticket, much money with little labor, brings to us a failure mind. He hasn't elements of success properly mixed. This fellow sees nothing right, no greatness in great things or ideas — to him all must be exaggerated, intensified or magnified. He has been searching hard for complex and if it doesn't exist he will make it, either in school or practice. Whether it is ruinous or not, right or wrong, seems to matter little.

Paradox is that successful Chiropractor believes in simplicity to maintain greatness; failure believes in complexity and then wonders why he is committing suicide.

PARADOX OF GREATNESS.

Greatness, in reality, that lies in Chiropractic can never be increased or decreased by Chiropractors. That which is great in "tic" is inherent, innate. Nothing "tor" can do will bring that forth. His fort is in demonstration. Chiropractic is great to public, only so far as Chiropractors make its greatness useful. Chiropractors are great only if they understand greatness of Chiropractic.

Then comes paradox. Chiropractor thinks he learned it all when in school; his diploma is an indication he has finished, topped-off so to speak, his education. He may have graduated 5 or 10 years ago. Nothing new could have been developed or interpreted SINCE his day. Chiropractic being a new subject is constantly going thru a revision and elaboration process. Whittling has not finished. He accomplishes some good but thinks it much. He rarely takes a balance sheet of shortcomings, therefore hardly realizes how much more he might learn that we have learned, did he but come back to school.

Chiropractor is a progressive fellow, otherwise why would he have taken up Chiropractic. But, once he has it, he enters field to deliver what he was taught. Paradoxically, he becomes worst enemy Chiropractic has. He makes a bit of money, more than he ever had before. It spoils him; hence greatest, strongest and most intelligent opposition to continued and further GROWTH of Chiropractic comes from within our ranks professionally rather than from without. A former paradox shows how we profit by being pursued but this paradox shows how we die by inherent and internal stagnation.

Chiropractor concedes that much progress has been made up until his advent into Chiropractic. He may even see that an idea of value has been developed while he was in school. But, actions speak louder than words; there has been little or no change since he LEFT school. Altho a graduate of years ago, he knows as much today as boy fresh from school with all development since his graduation. Sheldon, Business Philosopher, says that "An institution is no stronger than combined strengths of its each and every unit; and same institution is no weaker than combined weaknesses of its same each and every unit." As much might be said about our profession. To increase our strength, by eliminating our weaknesses, is fundamental intent of Annual Lyceums. You come to give and to take; to learn and to teach; to put into pot something you have a surplus of and take from pot some of surplus of somebody else. Lyceum should be an Annual Pilgrimage of every one—for your store of stock will reduce; your batteries will run low and here is where all is renewed.

Chiropractor, of all persons, should be most eager to get latest, best, most progressive—but he isn't. Even tho you adjust backbones, that is no indication you have any. Paradox.

PARADOX OF QUANTITY.

Directly in line with former paradox comes this. At one time it was a question of quantity of sublaxations adjusted to get quantity of results. Recent developmental work proves paradox.

LESS that is done, if done RIGHT, quicker case gets well.

MORE that is done, if done WRONG, slower case gets well.

LESS you do, more probable it is right. MORE you do, more probable it is wrong. Man who does less puts more thot into what he is doing and has a firmer comprehension of what, why and where. Man who does more puts little if any thot into what he is doing, it being a hit-or-miss system of what, why and where. Man who does little is conscientious and honest. Man who does much is a grafter and not distantly removed from purse-snatcher.

ONE subluxation, if adjusted daily, if RIGHT will get patient well in a hurry. Twelve subluxations, "adjusted" daily, if WRONG will never get case well and usually put him in bed.

PARADOX OF STRETCHING MACHINE.

Principle of traction, in its application to human bodies, is 400 years old. A man is placed into some kind of a harness, straps applied to his head, neck, shoulders at one end, and his feet, legs or hips at other. Windlass idea is then put into play and one part stretched while other remains a fixed quantity.

Notwithstanding it has been discarded by orthopedic surgeons for these many years as having therapeutical value, there is a certain class of mixerpractors who desire to adjoin it to Chiropractic. Theory, application and net result are same with them as with surgeons.

Theory advanced by them is—1st. "If there is an ankylosis, stretching tends to break this up, separates the vertebrae," etc. 2nd. "If there are subluxations, it requires these ligaments be stretched so vertebra can be moved, it being admitted that ligaments surrounding subluxation are on a worse tension than those of other places." It is conceded, by these people, that subluxation produces certain pathological changes which, under tension and traction, should be improved.

In case of ankylosis, uniting of these bodies makes that THE LAST PLACE to stretch; and where everything is free and pliable the first place. When ligaments are contracted, those stretch last and all rest give first. So paradox is before us again. Place that needs traction least, gets it most. Place that gets it most, needs it least.

Why then does he who calls himself a Chiropractor desire a traction table? Because he applies perverse side of paradox and has not ability to knowingly or unknowingly see its opposite.

PARADOX OF REGULATION.

Legislatures are composed of men we select to get together and figure ways and means of protecting society against those things which are dangerous to life, limb and property. Regulatory legislation governs only those things which are dangerous to people of a community. Religion or Christian Science is not dangerous — therefore such as this is not regulated. Saloons and prostitution are dangerous to life and health, therefore they are regulated. Chiropractic, admittedly, could do no harm even tho for sake of argument we admit it could do no good. Because physicians want us regulated (by themselves) they argue it is dangerous; for only under cloak of its being dangerous can they get it regulated by state, by themselves. This hue and cry about higher preliminary education ("AN INVISIBLE GOVERNMENT" — See Vol. XXVI Palmer 1951) is done to make it appear that education, of a 'steenth degree, removes danger. As a scientific premise, a Chiropractor will tell you that Chiropractic is harmless and that Chiropractor could not make his patient worse even tho he did them no good. These individuals who admit that "tic" and "tor" could not do harm, and because of that fact should NOT be regulated by state any more than a religion, will go pell-mell to a legislature, give up good hard earned dollars to spend good money to chase bad money to ask a legislature TO regulate us, thus admitting we are harmful, therefore should be regulated. Paradox. It's a funny world, this.

PARADOX OF GETTING MONEY.

Average student of Chiropractic enters Chiropractic because he has been sick, took adjustments, got well and wants to spread good work. He realizes it has merit. Merit alone does not entirely appeal to him. If it were only a weekly wage net result no matter how many people came to him after he was a Chiropractor, majority would stay out. In addition to merit he knows it has, he realizes it has a money making propensity.

Former quality must exist before latter could be possible. One is a circumstance leading to other. Great fault is that majority of Chiropractors, leaving school, glue minds upon money first and getting sick well second. Money should be a consequence

and not primal object; frequently it is vice versa and then boys wonder why they don't get rich.

To make money — do not think, dream, reason or study money. To get money — consider, peruse, explain and learn better and cheaper ways and means of getting more sick people well. Give more in health than they give in money and they will gladly pay more money than you give in health. Paradox here is contrast between a "code of ethics" which has always shrouded businesses called professions and a certain code of business principles which surround professions which are businesses. Marshall Field said: "The customer is always right." Why should selling health be considered different from any other business? In what way does business need a different salesmanship than a profession, both being able to do thing they set out to do? Medicine and physicians couldn't do the thing, therefore they had to set up a separate and different selling code than exists in all other organizations. They have had to force world to believe that selling failures was something more than a business, it was a profession, viz., a professing to do but not doing it. PRACTICE of medicine where they PRACTICE on you and me. World of selling things can be divided into selling of treatment of disease on one side and selling of merchandise by merchants on other. You do that which is worth more than you get and you'll soon get more than its worth. Our plea is that Chiropractic be placed on a legitimate business plan. Any plan that Marshall Field, Wanamaker or any other reliable merchant can use to sell his goods is equally as good for us for we have a commodity same as his, both are in demand by public and we are here to serve the supply.

You all want to make money. Forget it. To make money, don't chase dollar. One fellow went out of this school with idea that he was going to "land" millionaire patients and then he would be rich. He was going to have his old teeth removed because they didn't look stylish; he was going to wear a silk hat, and ultra fashionable clothes when he went to locate in a city, so he could land a millionaire for a patient. We told him we hoped he got millionaire patients, but we felt sure he wouldn't because millionaires are millionaires because they have brains, and they are looking for brains in other people. Therefore we knew he wouldn't have any. He is still trying to catch a millionaire. Paradox!

A certain man years ago saw fit to disagree, which of course was his privilege. He left our school, and gravitated. Any old fish can float down stream, but it takes a live one to swim up! He gravitated, floated down stream, and after graduation located in a western town. It happened that we had as patients people in a nearby city who were immensely wealthy. They went west to the town where this fellow located, and telegraphed us to know if he was competent, and if not, who was. We replied — "He is not the man you want. So and so, located 85 miles from you is all right, or So-and-so, located 75 miles from you." Those men did not gravitate to get cheaper goods, at cut rate time to get a diploma. And so this fellow lost a clique of millionaires he might have had. He was penny wise, and it took several years to show he was pound foolish.

You must get the sick well, if you want to make money. We know Chiropractors who, the minute a patient comes into office, get their eyes on patient's pocketbook, wondering how much he is good for. Then there is another type of Chiropractor who, as soon as patient comes in, wonders how he can get his man well. That fellow has the business, other type has not. In this day and age you can't fool sick people. Physicians need not worry you, but watch out for patient — he will corner you if not on the square. Average patient has gone rounds of doctors. He knows more about himself and shysters in doctors than anybody else. He has picked up information during this experimentation incubation period. Patient is watching you. He wants to know whether you are honest or not. There is something about your manner, conversation, inflection, manner of thinking, mode of reasoning that unconsciously betrays you if you are putting money phase first. Take other type. There is something about him that is sincere, rings true, stamps him a thoroughbred, a blue ribbon winner, and patient feels that personality, and says — that is the man I want to take care of me, because I know he wants to help me. Man who puts money first is a sneak in his heart, a crook in his mind; and what a man thinks, so is he.

SERVICE precedes financial consideration. Imagine any man who has been sick for years. His doctor bill grows annually. His wife takes sick, her hospital bill grows. It keeps his nose to grindstone for years. Every bit of weekly profit, over living expenses, goes to doctor. IF Chiropractor GETS THAT FAMILY WELL,

wouldn't they pay for it, and pay well? BUT, they must get SERVICE to GET WELL. Fail to get that man well and he begrudges every dollar.

PARADOX OF DIPLOMA.

There are those who consider diplomas on walls in lieu of ideas in their heads. Imagine average patient. He enters Chiropractor's office, glances over walls, sees many diplomas. He does not know whether they were bought or earned. Average conception is that any man who has many diplomas ought to know a great deal more than another who has but one or two at most. If this patient would compute time put in school by possessor, he would find in many instances it would require between 15 and 30 years of actual time. This paradox is in direct line with a former where book education takes precedence over individual knowledge.

Some Chiropractors think diplomas on your walls bring business. Paradox is true. Most business comes to him who has least number of diplomas. Having no diplomas we think, thinking we reason. Knowing that we reason, you come to partake at fountain. If we had M.D., D.O., D.C., P.D.Q., D.F., X.Y.Z., N.G. — all degrees, diplomas on wall, many of which we bought, you would say — "My what a wonderfully wise guy." When you talked with us and found we hadn't that amount of time in school you would realize we were not only ignorant but a crook. That is dangerous. Here is a man with ten diplomas hanging on his wall — he bought nine of them, earned other one. You go into his office, see all diplomas, expect a great deal, and don't get it. Here is another man who hasn't any diploma. Go into his office, talk with him, and it takes only one minute to see he is honest.

We had a physician come into our office last summer. Said he: "Doctor, I suppose you are a physician?"

We said, "Your supposition is wrong."

"But you are a college bred man?"

"No, we are a mother-bred man."

"Pardon me, what I mean is that you are an educated man?"

"No, pardon us, we are a fool."

He said, "Your looks belie you."

"Perhaps."

"But I wanted to study under you. What degrees do you hold?"

"None, but it is 102 in the shade." (We were hot under the collar.)

He said, "I beg of you not to jest, I am speaking in all seriousness. I wanted to know what degrees you hold before I decided to study under you."

"We hold no college degrees. We know nothing, and we know it, and if you want us to teach you what we know that we don't know, we will charge for it."

He said, "I will think it over."

"Good afternoon."

Next morning he planked down.

Paradox is true. Average patient goes into Chiropractor's office because he wants to get well. Man with many diplomas might not be able to comprehensively explain work he assumes to follow. Man with one diploma, coming from a capable school, might be able to go into thoro detail and explain understandingly all ins and outs of his profession. Keeping people well necessitates knowledge. This comes from man who has little schooling but what he has was of best and was every bit workable.

Discoverer of Chiropractic had no diplomas on his wall.

PARADOX OF CHARITY.

Do charity patients pay? If they paid, would they be charity? This paradox works both ways. Getting it for nothing, they should be boosters. Being charity cases, costing nothing, they become knockers because their conscience feels that everybody knows they are a comparative leech to one who does pay.

Getting adjustments free, there is another class who work that much harder to prove they did appreciate what you gave. They recite what you did and why you didn't charge; they cite you as a benefactor, a humanitarian, one who does his charity work at home. They are stepping stones from people of their position up to people with money who can pay.

Do charity patients pay? You say no? Paradox is true. They do pay. If charity patients paid they wouldn't be charity patients, would they? They don't pay, yet they do. Servant girl can't afford to pay. You get her well. Perhaps she had trouble in her knee and she served with a limp. Some morning her mistress

notices with surprise her maid does not limp, asks her what she has been taking. Girl tells her she has been going to a Chiropractor, and something about adjustment. Mistress investigates, finds what it is and passes it on. Mistress pays, and you get a line of good patients who pay a thousand times over for poor girl's account. Yes, charity patients pay. Paradox is true. Every time a patient goes to a Chiropractor to get well, he gets a back-set.

Who is who, and which is which, no person can tell until tested. It appears to be a better plan to charge each case, make a statement for account and present them a receipted bill.

PARADOX OF "CHIRO-PRACTIC".

Name "Chiropractic" is taken from Greek and means "hand done." At time this name was applied, it was an ART. All we knew then was what we did. Getting people well from what we did, we next wanted to know HOW we did it, out of which came SCIENCE. Having established way to get sick people well, we deciphered WHY, and then came PHILOSOPHY.

"Chiropractic" expressed art; it is not broad enuf, today, to include philosophy. Name is established; there is no way of changing it.

This paradox is like patient who always came late to find several ahead. One day she came real early, to find she was first, when she said: — "I'm first at last, I always was behind before." Name that should be last came first, and name applied first should be done now.

Every other development begins with a reason WHY, then establishes WAY, and last comes accomplishment. Chiropractic is again a paradox as it was developed opposite to everything else.

PARADOX OF INDEPENDENCY.

Way to get a big business is to be independent of small business. We were talking to Dr. Moore of Spokane. Some time ago he wrote us about Lyceum. "If you don't want to come, don't." That is what brought him. He wanted to see the school that could get along without him. All others were begging.

If you want a business to make you independent, be independent of that business. But, you say, you haven't any business.

Be independent anyway, and get business. You all know of big practice Dr. Dueringer had. We want to tell you an incident which happened in his office. We dropped in there one day and noticed two women waiting. One was a large, pompous, expensively gowned woman, other a little, meek, downtrodden, stooped-over Italian woman, who did scrubbing in one of office buildings. They represented two extreme types. Out came Heinrich. "Vell, ladies, which one of you comes first, eh?" Up jumps silks and satins and says — "Dr. Dueringer, I am very anxious to see you at once." "Ach, I don't care nuddings about that — which one of you came first." The little woman got up enough courage to say "I think I did." He said "All right, you come in and get ready." Then turning to the society woman — "You vait! You vait!"

The woman didn't like it. After doctor had gone in with Italian scrub woman, she turned to us and remarked — "Rather a peculiar chap, isn't he? I am insulted at his manner, very indignant at being treated so." We told her if she knew him she would like him; but she didn't answer. Finally she said "Do you know the doctor very well?" "No, nobody does. We know him as well as any of his friends." She said, "Well, on second thought, I like him. People who live in affluence are so accustomed to having people stand around when we speak, and favor us on account of our money, that it is a pleasure to know there is someone who doesn't. It shows he is interested in something more than money, therefore he must be interested in my health. I am going to wait for him." The lady was Mrs. Duke, of tobacco millionaire family. Way to have a business you are independent of, is to be independent of business you have. There should be a degree of courtesy but there is too much toadying for business. When we learned years ago to be independent of business, business began coming and it didn't come until we did; and yet nobody is out after more business than we. Difference is between man who is willing to grovel in dirt at 10 cents per for a small business and him who is willing to be courteously independent and stand firm on big business principle methods. To get big business, some Chiropractors think they must compromise on anything and everything patient expresses a desire to have. Persons who insist on having something that is of a compromised nature abhor fellow who gives it to them merely because they asked for it. By

inverse ratio, they endorse that person who intelligently and firmly convinces them what they ask for is not to their interests and refuses to give it.

PARADOX OF YOUR SUNDAY-BEST.

When you go visiting you always put on your best dress to get dirty on train. When you visit friends, you put on your best clothes and act parlor manners. If you ever come to Kiro-Hill-Top and do that, out you go. Our motto in our guest rooms is "Be Yourself." If you lounge around at home in negligee, we want you to be free to do that in our home, too.

PARADOX OF LEARNING.

You think you learn a great deal in school. You learn nothing. You don't enter or matriculate in school until day you leave, then comes schooling. You only learn by doing. You do nothing here — you merely get ready to do. Schooling comes when you go out. That is when you learn.

PARADOX OF WHAT.

You seem to think the more you do, the more business you will get. This is not true. Less you do, if done right, quicker your case gets well. We know a Chiropractic school not more than a thousand miles away — that believes in giving their patients everything they can crowd into their building, and they haven't patients to give it to. We know another institution that does practically next to nothing for patients, but little they do is right, and they have 1,500 patients a day to do it on. Just as that is true of schools, so is it true with individual Chiropractors.

PARADOX OF PRICE CUTTING.

Worst evil that exists in our ranks today is price cutting. As we travel around country, there are three types of Chiropractors. 1st. Chiropractor who charges a price which is reasonable and commensurate with quality of service rendered. 2nd. Fellow who thinks he must cut prices and try to get business from other fellow because he is cheaper. 3rd. Lowest type that peddles ad-

justments for anything he can get — even a dime. We know of a fellow in Bay City, Michigan, who walked from house to house trying to sell adjustments at ten cents per, a jitney price. That fellow pulled his vertebra out of place carrying his table so much, and he died from enlargement of heart. Paradox.

While this fellow is worst type, we have Chiropractor who starts in at a dollar, somebody cuts to seventy-five cents, you cut to fifty, he cuts again, then you cut, and the first thing you know you are out of business. You think to increase business by cutting prices, but with professional people paradox is true. When you start knifing each other both lose. When your neighbor cuts, what are you to do? RAISE YOUR PRICE and you will keep everything you have and get all of his. Why? People are like sheep, they follow leader. They want to have those things the rich have. Man who pays \$2.50 for his adjustments is rich man; poor man wants to go where rich man does. We have seen this paradox proven true.

TO CUT or not to cut. That is the question.
Whether it is not better in the end
To let the chap who knows not the worth
Have the business at cut-throat prices, or
To take up arms against his competition,
And by opposing cut for cut, end it.
To cut — and by cutting put the other cutter
Out of business — 'tis a consummation
Devoutly to be wished. To cut — to slash —
Perchance myself to get it in the neck —
Aye — there's the rub; for when one starts to meet
The other fellow's prices, 'tis like as not,
He's up against it good and hard.
To cut and to slash is not to end the confusion
And the many evils the trade is pestered with;
Nay, nay, Pauline; 'tis but the forerunner
Of debt and mortgage such a course portends.
'Tis well to get the price the goods are worth
And not be bluffed into selling them for what
So-and-so will sell his goods for.
Price cutting doth appear unseemly

And fit only for the man who knows not
What his goods are worth, and who, ere long,
By stress of making vain comparison
'Twixt bank account and liabilities,
Will make his exit from the business.

IRA J. O'MALLEY,
Member of Rotary Club, Chicago.

PARADOX OF VICTORY.

Up to a few years ago this school was not a success. We were working hard to make it, but we were not getting ahead the way it seemed we should. Paradox! Since then we have systematically been doing opposite from what we reasoned was thing to do, and success has come.

One time Gov. Morris went to St. Louis, to try a case. He had his indictment, he walked the floor all night and morning, hunting for its inconsistency, for flaw to throw it out of court, and at noon he brought it to us in despair and said, "B.J., that indictment is perfect." We casually read first line — "District Court, County of St. Louis, State of St. Louis." "Tom, what state are we in?" He thought we must be joking, so answered "State of perplexity, I guess." "No, what state are we in geographically?" "In the state of Missouri!" We handed over the paper and said "Read top line." One glance, and he exclaimed "By, Jove, you are right!" THE OBVIOUS WAS LAST THING HE SAW. He went into court, presented his proposition and case was thrown out and there has been no prosecution against that man since. It was a typographical error, a stenographer's mistake, but it threw case out of court.

OBVIOUS IS LAST THINK WE THINK, SEE OR DO.

You hunt for success. It consists of things which are inside, something no-one can give you. What you want to do, paradoxically, is to open up flood gates of your inner nature to yourself. BE NATURAL.

GET THE IDEA, ALL ELSE FOLLOWS!

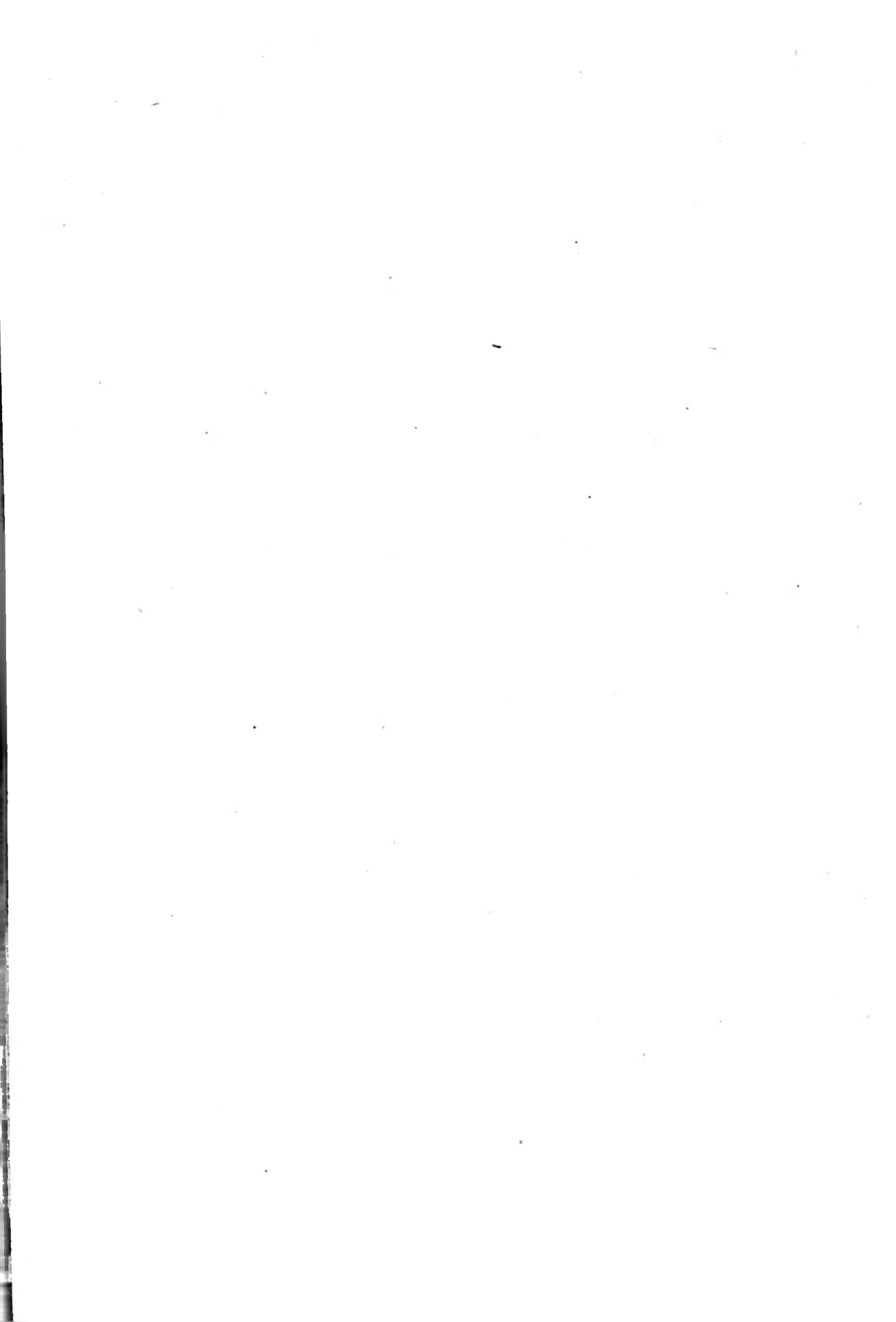


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